A COMPREHENSIVE LOOK AT VACCINE CORRUPTION

A Comprehensive Look At Vaccine Corruption

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About the Research Team

This Brother-Sister duo has dedicated themselves to researching corruption and shining light on information that few people realize.

Public Domain

The following research provides a comprehensive look at widespread corruption that exists in Big Pharma's vaccine industry.

Many didn't hear about it because it was suppressed by the mainstream media, but there is a group of anonymous scientists at the US Centers for Disease Control—they call themselves the Spider Group (Scientists Preserving Integrity, Diligence and Ethics in Research)—that penned a letter to the CDC's chief of staff, Carmen S. Villar on August 29, 2016, stating:

> "We are a group of scientists at CDC that are very concerned about the current state of ethics at our agency. **It appears that our mission is being influenced and shaped by outside parties and rogue interests**. It seems that our mission and Congressional intent for our agency is being circumvented by some of our leaders. What concerns us most, is that it is becoming the norm and not the rare exception….Some senior management officials at CDC are clearly aware and even condone these behaviors. Others see it and turn the other way. Some staff are intimidated and pressed to do things they know are not right….We have representatives from across the agency that witness this unacceptable behavior. It occurs at all levels and in all of our respective units."[1]

You may not have heard of other researchers and scientists who have blown the lid off internal manipulation of vaccine safety at the CDC, but were quickly suppressed by the controlled mainstream media.

In 2014, Dr. William Thompson, **a long-time researcher for the CDC**, blew the whistle on research fraud with regard to manipulating the pivotal study that showed a correlation between the MMR vaccine and the onset of autism. Although Congress has kept quiet about these findings, epidemic rates of autism have revealed themselves since Dr. Thompson's admissions which encompass pharmaceutical fraud, lack of vaccine safety and governmental agency corruption.

Dr. William Thompson has confessed in writing to massive fraud. He admitted that, in a 2004 study on the safety of the MMR vaccine, **that he co-authored**, he and his colleagues literally threw vital sheets of data into a garbage can. The study then gave a free pass to the vaccine, claiming it had no connection to autism—when in fact it did.

The following are excerpts from his statement submitted to congress:

> "My name is William Thompson. I am a Senior Scientist with the Centers for Disease Control and Prevention, where I have worked since 1998.
>
> **I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism.**

[1] https://usrtk.org/wp-content/uploads/2016/10/CDC_SPIDER_Letter-1.pdf

> Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.
>
> My concern has been the decision to omit relevant findings in a particular study for a particular sub group for a particular vaccine. There have always been recognized risks for vaccination and I believe it is the responsibility of the CDC to properly convey the risks associated with receipt of those vaccines.
>
> I will not be answering further questions at this time. I am providing information to Congressman William Posey, and of course will continue to cooperate with Congress. I have also offered to assist with reanalysis of the study data or development of further studies. For the time being, however, I am focused on my job and my family."[2]

On October 14, 2014, other Scientists, Dr. Brian Hooker and Dr. Andrew Wakefield sent an official and detailed complaint to the CDC and the US Dept. of Health and Human Services that provided additional expose of scientific misconduct in that 2004 CDC study.[3]

The complaint references a phone call on May 24, 2014, between whistleblower Dr. Thompson and Dr. Hooker. The call was recorded.

Dr. Thompson references one aspect of the fraud, a group of children with "isolated autism," who were at higher risk of developing autism after receiving the MMR vaccine—the true data on these children were intentionally omitted from the study. Dr. Thompson says to Dr. Hooker:

> "…the effect [autism] is where you would think it would happen. It is with the kids without other conditions ["isolated autism"]…I'm just looking at this and I'm like 'Oh my God….**I cannot believe we did what we did**…**but we did** [bury the data on these children]…**It's all there**…**It's all there. I have handwritten notes.**'"[4]

Concerning the overall fraud he committed in the 2004 study, Dr. Thompson states, in another phone conversation with Dr. Hooker,

> "I have a boss who's asking me to lie…Higher ups wanted to do certain things and I went along with it. In terms of command, I was 4 out of 5."[5]

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[2] Statement of William W. Thompson, Ph.D., https://legislature.vermont.gov/assets/Documents/2016/WorkGroups/House%20Health%20Care/Bills/H.98/Witness%20Testimony/H.98~Jennifer%20Stella~William%20Thompson%20Statement~5-6-2015.pdf

[3] http://bethevoice.typepad.com/LETTER.pdf

[4] Ibid.

[5] Ibid.

Thompson named several of those higher ups. They were his co-authors on the 2004 study: Coleen Boyle, Marshalyn Yeargin-Allsop, and Frank Destefano. In other words, those co-authors were among those who wanted Thompson to commit fraud.[6]

This is highly significant, because Destefano and Boyle are not merely researchers. They are also high-ranking executives at the CDC, in the area of vaccine safety—director of the Immunization Safety Office (Destefano) and director of the National Center on Birth Defects and Developmental Disabilities (Boyle).

As the complaint states, Dr. Thompson wrote a note to the head of the CDC at the time (2004), Julie Gerberding. He was very nervous about a presentation he was due to make at a large Institute of Medicine vaccine-autism meeting.

Dr. Thompson wrote: "I will have to present several problematic results relating to statistical associations between receipt of the MMR vaccine and autism." Thompson was considering blowing the whistle, in public. Gerberding never answered his note. Thompson did not make his presentation.[7]

But we know this. After Gerberding stepped down as head of the CDC in 2009, she went to work for Merck, assuming the position of president of Merck Vaccines. Merck manufactures the MMR vaccine. That was, of course, the vaccine at the center of the whole 2004 fraud at the CDC. The vaccine whose connection to autism was buried.

This 2004 study had originally planned to test the hypothesis that the earlier administration of the measles-mumps-rubella (MMR) shot was linked to an increase in autism rates. This research was prompted by the work of Dr. Wakefield and his colleagues, suggesting a link between autism and MMR shots, and his call for additional research to answer the question. The CDC scientists came up with that plan and recorded it in a document dated September 5, 2001, but did not follow it because of troubling findings among certain groups.

When scientists set out to test a hypothesis they come up with a research plan. That plan is supposed to be followed, and if for some reason it is not, there must be an explanation of why not. It is one of the basic tenets in science. You show everything. You do not conceal data. In the eighteenth century, the attorney William Murray, in a case which sought to outlaw slavery in England stated it succinctly, "Let justice be done, though the heavens may fall." With apologies to William Murray, a research plan in science should come with a similar warning, "Let science be done, though the heavens may fall" (or pharmaceutical company profits be thrown into chaos).
In this particular study, two specific groups were the subject of this concealment: African-American males, and a group the CDC termed "isolated autism" (children with no co-morbid developmental disorder such as mental retardation, cerebral palsy, hearing or vision problems, epilepsy, or birth defect) or what the rest of the honest world would generally call "normally developing children." For the African-

[6] Ibid.

[7] Ibid.

American males, this was the increased risk of autism by **earlier administration of the MMR vaccine**:

-- MMR vaccination after 36 months - 1.0 risk of autism. (The rate of autism at that time.)

-- MMR vaccination prior to 36 months - **3.86 fold increase in the risk of autism.**[8]

In the data it was shown that the children at greatest risk in both subgroups were those children vaccinated by 18 months, demonstrating a clear trend that the earlier the MMR vaccination, the higher the risk of autism. The withholding of this information also impacted those seeking compensation for their vaccine-injured children in the National Vaccine Injury Compensation Program, or what the rest of the world would call "obstruction of justice." It's like a prosecutor failing to turn over a key piece of evidence which exonerates a murder suspect, then saying nothing when the defendant goes to the electric chair. But in this case, the alleged wrong wasn't against just one individual, but an entire generation of children and their families.

In an email to the Complainants, dated August 11, 2014, Dr. Thompson reaffirmed the dishonesty of the Group's actions, stating,

> **"I was involved in deceiving millions of tax payers regarding the potential negative side effects of vaccines. I regret what I did."** [9]

This is a big story. But the controlled mainstream media, who will report and trumpet flimsy scandals with great enthusiasm, have not only instituted and maintained a total blackout on it, but have worked to suppress the story and discredit the scientists who brought it all to light. We have a Whistleblower at the CDC who is still sitting at the CDC, an awarded scientist, who is being protected by whistleblower status, and the media has said that it is all made up. Equally unbelievable, there is no congressional inquiry despite the fact that copies of the missing pages of research was turned over to members of Congress by Dr. Thompson in 2014.

In fact, on July 29, 2014, US Congressman Bill Posey laid bare the lying of the CDC in the now-famous 2004 study that exonerated the MMR vaccine and claimed it had no connection to autism. "No connection to autism" was the lie. CDC whistleblower Dr. Thompson's statement, which Posey read on the House floor, includes this admission:

> "However, because I [Dr. Thompson] assumed it [destroying the documents] was illegal and would violate both FOIA and DOJ requests, I kept hard copies of all documents in my office and I retained all associated computer files. I believe we intentionally withheld controversial findings from the final draft of the Pediatrics paper."

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[8] Ibid.

[9] Ibid.

Dr. Thompson has the smoking-gun documents. So does Congressman Posey. Yet, our government leaders choose to ignore it.

This calls into question every single CDC study that claims vaccines are safe
More is at stake here than the danger of the MMR vaccine. The CDC has done hundreds of key studies on vaccine safety. They are all thrown into doubt by Thompson's assertion—quoted by Congressman Bill Posey on the floor of the Congress—that Thompson and his colleagues brought a garbage can into a CDC office and **threw out documents that would have shown the MMR connection to autism**.

This speaks of a massive indifference to human life and safety. And what about the fact that the MMR vaccine is one of the shots that has been mandated, by law, in California, in other states, and in other countries?

The most interesting aspect to this tragedy is the mass media's role in all this. For a major researcher (which Dr. Thompson is) at a major government agency (the CDC), admitting to gross fraud in an area as charged as vaccines, is a blockbuster, a page-one headline. We aren't talking about somebody coming in from the outside and claiming the CDC is cooking their research books. No, this is a house man, a valued member of the research team, blowing the whistle on himself and his highly placed colleagues, at considerable risk to himself. Understand what we are dealing with here, in terms of public exposure: the author of a peer-reviewed and published study; the author who has worked for many years at the CDC; the author who participated in destruction of vital documents; the author has come forward and admitted his crime and the crime of his colleagues. This kind of confession never happens. But it did happen.

And this is not the first incident of massive vaccine data manipulation and cover-up by the CDC either.

The cover-up of the link between mercury and neurological damage in children
The following is an equally fascinating report by Dr. Russell Blaylock, author, U.S. neurosurgeon, and clinical assistant professor of neurosurgery at the University of Mississippi Medical Center and visiting professor in the biology department at Belhaven College. This report provides just another example of the manipulation of the vaccine industry and CDC behind the scenes. Thimerosal is a mercury solution that is used as a preservative in vaccines, and **there is established evidence of the direct link between mercury and neurological damage in children.**

On June 7-8, 2000 a secret conference was held at the Simpsonwood Conference Center in Norcross, Georgia to discuss a study examining the link between increasing doses of Thimerosal and neurodevelopmental disorders. Attending were 51 scientists, representatives of pharmaceutical vaccine manufacturing companies and a representative of the World Health Organization; the public and the media

were unlawfully excluded. [10]

The conclusions of this meeting were quite startling, since it **confirmed** a dose-response link between **Thimerosal and neurodevelopmental disorders** that held up to rigorous statistical analyses. In their discussion, they make plain why the meeting was held in secret: the conclusions would have destroyed the public's confidence in the vaccine program, and more importantly, their faith in vaccine authorities. When the results of this study were published three years later in the journal Pediatrics, the "problem" had been fixed, in that by adding another set of data from a third HMO, reorganizing the criteria for inclusion and restructuring the patient groupings, a less than statistically significant link was demonstrated.[11]

This top secret meeting was held to discuss a study done by Dr. Thomas Verstraeten and his co-workers using Vaccine Safety Datalink data as a project collaboration between the CDC's National Immunization Program (NIP) and four HMOs. The study examined the records of 110,000 children. Within the limits of the data, they did a very thorough study and found the following:

1. "Exposure to Thimerosal-containing vaccines at one month was associated significantly with the misery and unhappiness disorder that was dose related. That is, the higher the child's exposure to Thimerosal the higher the incidence of the disorder. This disorder is characterized by a baby that cries uncontrollably and is fretful more so than that seen in normal babies.

2. A nearly significant increased risk of ADD with 12.5µg exposure at one month.

3. With exposure at 3 months, they found an increasing risk of neuro-developmental disorders, including speech disorders, with increasing exposure to Thimerosal. This was statistically significant. It is important to remember that the control group was not children without Thimerosal exposure but, rather, those at 12.5µg exposure. This means that there is a significant likelihood that even more neurodevelopmental problems would have been seen had they used a real control population. No one disagreed that these findings were significant and troubling. Yet, when the final study was published in the journal Pediatrics, Dr. Verstraeten and co-workers reported that no consistent associations were found between Thimerosal-containing vaccine exposure and neuro-developmental problems. In addition, he lists himself as an employee of the CDC, not disclosing the fact that at the time the article was accepted, he worked for GlaxoSmithKline, a vaccine manufacturing company."[12]

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[10] Russell L. Blaylock, MD, author, U.S. neurosurgeon, a clinical assistant professor of neurosurgery at the University of Mississippi Medical Center and visiting professor in the biology department at Belhaven College. Excerpt from peer reviewed report "The truth behind the vaccine cover-up" The History of The Global Vaccination Program In 1000 Peer Reviewed Reports And Studies http://jprager9.wixsite.com/ p. 725-734

[11] Ibid.

[12] Ibid.

So how did they do this bit of prestidigitation? They simply added another HMO to the data: the Harvard Pilgrimage. (Additionally there were other manipulations, e.g., altering inclusion criteria, discarding children receiving the highest total dose, splitting children into separate groups, using only one HMO's data in some cases, expressing effects ratios in terms of per dose of mercury.) Congressman Dave Weldon noted in his letter to the CDC Director that this HMO had been in receivership by the state of Massachusetts because its records were in shambles. Yet, this study was able to make the embarrassing data from Dr. Verstraeten's previous study disappear. Attempts by Congressman Weldon to force the CDC to release the data to an independent researcher, Dr. Mark Geier, a researcher with impeccable credentials and widely published in peer-reviewed journals, have failed and the CDC claims that the original data-sets Verstraeten used have been (conveniently) "lost". [13]

According to Dr. Baylock, it is obvious that a massive cover-up occurred. In his report he explains that "too many vaccines are being given to children during the brain's most rapid growth period. Known toxic metals are being used in vaccines, interfering with brain metabolism and antioxidant enzymes, damaging DNA and DNA repair enzymes and triggering excitotoxicity. Removing the mercury will help but will not solve the problem because overactivation of the brain's immune system will cause varying degrees of neurological damage to the highly-vulnerable developing brain."[14]

Additional Data Manipulation by the CDC

These examples of fraud with respect to vaccine safety aren't isolated nor the only examples of manipulation that has occurred at the CDC. Let's go back to the late summer of 2009, and the Swine Flu epidemic, which was hyped to the sky by the CDC. The Agency was calling for all Americans to take the Swine Flu vaccine. The problem was, the CDC was concealing a scandal. At the time, CBS investigative reporter, Sharyl Attkisson, discovered that the CDC had secretly stopped counting cases of the illness—while, of course, continuing to warn Americans about its unchecked spread:

> "We discovered through our FOI [Freedom of Information] efforts that **before the CDC mysteriously stopped counting Swine Flu cases, they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all**! The interest in the story from one [CBS] executive was very enthusiastic. He said it was "the most original story" he'd seen on the whole Swine Flu epidemic. But others pushed to stop it and, in the end, no broadcast wanted to touch it. We aired numerous stories pumping up the idea of an epidemic, but not the one that would shed original, new light on all the hype. It was fair, accurate, legally approved and a heck of a story. With the CDC keeping the true Swine Flu stats

[13] Ibid.

[14] Ibid.

> secret, it meant that many in the public took and gave their children an experimental vaccine that may not have been necessary."[15]

It was routine for doctors all over America to send blood samples from patients they'd diagnosed with Swine Flu, or the "most likely" Swine Flu patients, to labs for testing. And overwhelmingly, those samples were coming back with the result: not Swine Flu, not any kind of flu. That was the big secret. That's what the CDC was hiding. That's why they stopped reporting Swine Flu case numbers. That's what Attkisson had discovered. That's why she was shut down. But it gets even worse. Because about three weeks after Attkisson's findings were published on the CBS News website, the CDC, obviously in a panic, decided to double down with an even bigger lie—that an estimated 22 million U.S. residents had come down with H1N1 swine flu by October 17, 2009.[16]

So, as of the summer of 2009, the CDC had secretly stopped counting Swine Flu cases in America, because the overwhelming percentage of lab tests from likely Swine Flu patients showed no sign of Swine Flu or any other kind of flu (i.e. there is no Swine Flu epidemic). Then, after this lie is exposed, the CDC comes out with an even bigger lie —that there are 22 MILLION cases of Swine Flu in the United States.

Additional Data Manipulation by the CDC

Another example of data manipulation is the massive overestimation of flu deaths in the U.S., in order to push the flu vaccine. In December of 2005, the British Medical Journal (online) published a report by Peter Doshi, which created tremors through the halls of the Centers for Disease Control (CDC), where "the experts" used to tell the press that 36,000 people in the US die every year from the flu. Here is a quote from Doshi's report:

> "[According to CDC statistics], 'influenza and pneumonia' took 62,034 lives in 2001---61,777 of which were attributable to pneumonia and 257 to flu, and in only 18 cases was the flu virus positively identified."[17]

You see, the CDC has created one overall category that combines both flu and pneumonia deaths. Why do they do this? Because they disingenuously assume that the pneumonia deaths are complications stemming from the flu. This is an absurd assumption. Pneumonia has a number of causes. But even worse, in all the flu and pneumonia deaths, only 18 revealed the presence of an influenza virus.

Therefore, the CDC could not say, with assurance, that more than 18 people died of influenza in 2001. Not 36,000 deaths. 18 deaths. Doshi continued his assessment of published CDC flu-death statistics: "Between 1979 and 2001, [CDC] data show an average of 1348 [flu] deaths per year (range 257 to 3006)." These figures refer to flu separated out from pneumonia. This death toll is obviously far lower than the parroted 36,000 figure.

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[15] Excerpt from a 2014 interview between Investigative Journalist Jon Rappaport and CBS investigative reporter Sharyl Attkisson.

[16]"22 million cases of Swine Flu in US," by Daniel J. DeNoon. WebMD, November 12, 2009.

[17] Peter Doshi, "Are US flu death figures more PR than science?" (BMJ 2005; 331:1412)

However, when you add the sensible condition that lab tests have to actually find the flu virus in patients, the numbers of flu deaths plummet even further. In other words, it's all promotion and hype.

The CDC says that 36,000 people die from the flu every year in the US. But actually, it's closer to 20. However, they can't admit that, because if they did, then the whole campaign to scare people into getting a flu shot would have about the same effect as warning people to carry iron umbrellas, in case toasters fall out of upper-story windows. The CDC must turn out a steady stream of lies about the need for vaccines. If they didn't, they'd have no way to justify the billions of dollars they spend every year buying the vaccines from drug companies. Ironically—according to the Department of Health and Human Services HSRA website—88 of the 108 vaccine injury cases settled the first quarter of 2016 were for injuries and deaths due to the flu vaccine, making the flu vaccine one of the most dangerous vaccines in the United States.[18]

In this light, consider the following revealing statements by Robert F. Kennedy, Jr., Harvard educated, environmental activist, author and prominent attorney, and son of Robert F "Bobby" Kennedy and the nephew of former U.S. President John F. Kennedy, in January 2017:

> "There have been four separate, intensive federal investigations by the United States Congress—a three year investigation, 2001, 2002, 2003, by the United States Senate, Tom Coburn's committee, by the Inspector General of HHS in 2008, by the Office Integrity in 2014. All of them have painted the CDC as a cesspool of corruption, of an agency that has become an absolute subsidiary of the pharmaceutical industry, and that has become a sock puppet, a spokesperson, a shill for the industry....CDC is not an independent agency. It is a vaccine company. CDC owns over twenty vaccine patents. It sells about $4.6 billion of vaccines every year. And its primary metric for success in all the departments in the agency are vaccine sales. The groups, for example the Immunization Safety Office, where the scientists who are supposed to be looking at efficacy and safety in vaccines, they are no longer a public service...agency. They are subsumed in that metric: We have to sell as many of these things as possible. And so they do things to their science to make sure that nothing interferes—no information—interferes with sales."[19]

See also from Robert F. Kennedy Jr. the incisive and carefully documented 2005 article published by Rolling Stone Magazine that documented the government's efforts to conceal alarming data about the dangers of vaccines at: http://www.globalresearch.ca/vaccinations-deadly-immunity/14510

Knowing Vaccine Risk

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[18] U.S. Dept of Health and Human Services Health Resources and Services Administration Vaccine Injury Compensation Data.

[19] RFK Jr.'s seven minute talk on practices at the CDC: http://www.ageofautism.com/2017/01/7-minutes-on-cdc.html

Regarding the widespread corruption at the CDC, if you wanted to buy a product, and the main source of research on the product was the company selling it, would you automatically assume the product was safe and effective? Of course not. But that's just the beginning of the problem when it comes to the issue of Vaccine safety. There is massive structural conflict of interest at the CDC: they are the biggest customer of pharmaceutical companies, as they purchase more than $4 billion worth of vaccines a year.[20] The CDC at the same time, heads up research on the safety of those very same vaccines. Not surprisingly, the CDC's position on vaccines is that they are ALWAYS safe ALL the time and should be injected into EVERYONE.

The risks for each vaccine are stated right on the vaccine package inserts but these inserts are not given to parents or even to adults considering the suggested vaccines for them. It is also doubtful that the doctor or nurse dispensing the vaccine has fully read the product insert. For example, do doctors know that Sanofi Pasteur's Tripiedia DTaP vaccine listed **autism** as one of the adverse reactions to their vaccine? If parents knew that, they might have reconsidered giving the child the vaccine.

That particular brand DTaP vaccine is no longer available on the market as of 2014, but the serum's insert – last updated in December 2005 –under a section on page 11 describing "ADVERSE REACTIONS," researchers acknowledged "autism," among other serious complications, had been reported following the vaccine's administration:

> "Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, **SIDS**, anaphylactic reaction, cellulitis, **autism**, convulsion/grand malconvulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea."

The document goes on to state that "Events were included in this list because of the seriousness or frequency of reporting," Meanwhile, the Center for Disease Control and Prevention maintains an entire page dedicated to claims there is no causal link between vaccines and autism.

It could be a strange coincidence, but it is worth noting that SIDS, as cited to be a known complication of the Tripiedia DTaP vaccine, is most likely to occur between 2 and 4 months of age. DTaP is given at 2,4, and 6 months.

Do vaccines guarantee to provide the benefit of immunity?
A clearer understanding of how vaccines are made and what they do may add some insight into the risk/benefit ratio of vaccines.

Vaccines supposedly work by stimulating and exciting an immune response. The efficacy of a vaccine is measured by the production of antibodies. This stimulation of antibody production is achieved (or not) when either a live or killed virus or other

[20] "The government's Vaccine for Children Program (a CDC organization) purchases vaccines for about 50 percent of children in the U.S." (The Atlantic, February 10, 2015) "The CDC currently spends over $4 billion purchasing vaccines [annually] from drug makers..." (Health Impact News, October 24, 2016).

vaccine agent is injected into a child or adult. The theory is that this antibody response will then be replicated to protect the vaccinated individual from future exposures.

For live virus vaccines, a virus is grown on mediums that include aborted fetal tissue and tissues from monkeys, cows, chickens, dogs, mice, and other animals. Growing the live viruses on animal cells is supposed to make them less virulent to humans yet still strong enough to induce an immune response. This virus is then manufactured with a variety of additives and preservatives to make the serum injected as a vaccine. Non-live virus vaccines include bacterial toxins, "killed" whole virus, and proteins (among other things) and require the use of "adjuvants" to stimulate an immune response. These adjuvant-stimulated responses create the antibodies that are the measures of success of the vaccine. However the antibodies are not necessarily effective measures of true immunity from either live or non-live vaccines.

Vaccine makers do not guarantee that their product does anything more than increase antibody levels in most people. They further admit that such antibodies do not necessarily mean immunity from illness.[21] For example, the Galaxo-Smith-Kline flu vaccine insert states:

> "Specific levels of hemagglutination inhibition (HI) antibody titer post vaccination with inactivated influenza virus vaccines have not been correlated with protection from influenza illness but the HI antibody titers have been used as a measure of vaccine activity. In some human challenge studies, HI antibody titers of ≥1:40 have been associated with protection from influenza illness in up to 50% of subjects."

In simple language this means that the manufacturer does not claim that the flu vaccine protects from the flu; they only claim that it increases antibody activity in some people. However the increased antibody activity has only been associated with protection from the flu for half of the subjects whose antibodies reach the appropriate mark. For the other half, it is useless. The following statement during a 1972 senate hearing on vaccine irregularities provides additional insight on the ineffectiveness of the flu vaccine:

> "The first influenza vaccine was licensed in 1945. As of December 1971, there were outstanding eight licenses to manufacture influenza vaccine, and six companies were actually manufacturing it. In 1970, over 20 million doses of influenza vaccine were sold, making it one of the largest selling vaccines produced in this country. [Yet as] early as 1962 the Public Health Service's Center for Disease Control estimated that the [Flu] vaccine was only 20-25% effective…and A 1969 study published in the Bulletin of the World Health Organization concluded that "optimally constituted influenza vaccines at

[21]Additionally, the concept of Original Antigenic Sin (phenomenon which basically means vaccines lead to a significant decrease in development of protective immunity as a body's immune system is unable to respond to different viral strains or pathogen variants) calls into question whether the immune response from a vaccine (live virus or otherwise) could ever provide adequate protection.

standard dosage level have little if any effectiveness….".[22]

Some recent reports from analysis of the effectiveness of flu vaccines shows that they have up to an 84% failure rate. One reason for such a high failure rate is that the antibody against one influenza virus type or subtype confers little or no protection against another virus. Furthermore, the antibody for one antigenic variant of influenza virus might not protect against another antigenic variant of the same type or subtype. Frequent development of antigenic variants through antigenic drift is the virological basis for seasonal epidemics and the reason for the usual replacement of one or more influenza viruses in each year's influenza vaccine.

Merck's chicken pox vaccine has similar wording about effectiveness on its insert:

> "VARIVAX induces both cell-mediated and humoral immune responses to varicella-zoster virus. The relative contributions of humoral immunity and cell-mediated immunity to protection from varicella are unknown."

This claims that the vaccine induces both the innate and humoral immune system responses yet they don't know if the contribution is effective protection.

The following statement from a 1972 congressional report sheds additional light on the history of vaccine effectiveness:

> "Let me now turn to the substance of the GAO [Government Accounting Office] report. With respect to the effectiveness of vaccines…There are at least 32 vaccines currently on the market that are "generally regarded as ineffective by the medical profession…All of these [vaccines] have been on the market for more than ten years, some of them for decades. Some of them can cause serious side effects….And yet, in all these years, [the CDC] never moved to take a single one of those ineffective [vaccines] off the market, or even to inform the public or the medical profession of their ineffectiveness. In light of this kind of adverse reaction data, it is incredible that [the CDC] could license such biologics as "safe." Since the agency believed that there was no corresponding benefit from the harm suffered by patients, It could have moved to take these drugs of the market under its un-doubted authority and responsibility to withhold licenses for drugs which are unsafe. Instead, the [CDC] maintained that it had no authority to regulate biologics for effectiveness and simply washed its hands of the problem."[23]
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> "For ten years, beginning in 1962, while memos were quietly exchanged within the bureaucracy, nothing was done to protect the public against [vaccines] that were ineffective. The [vaccines] stayed on the market; people continued to get adverse reactions from them. Those [vaccines] are on

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[22] The Executive Reorganization and Government Research of the Committee on Government Operations United States Senate, Ninety-Second Congress, Second Session. Page 432, 434. April 20, 21; and May 4, 1972

[23] The Executive Reorganization and Government Research of the Committee on Government Operations United States Senate, Ninety-Second Congress, Second Session. Page 432, 434. April 20, 21; and May 4, 1972, p. 431

the market today…"[24]

Vaccine Antibodies Don't Guarantee Immunity

Example #1 – Mumps Outbreak in Orthodox Jewish Communities in the United States (2010). A large mumps outbreak occurred among highly vaccinated U.S. Orthodox Jewish communities during 2009 and 2010. Of the teenagers vaccinated:

·89% had previously received two doses of a mumps-containing vaccine
·8% had received one dose

Those infected who received a vaccine: 97%.[25]

Vaccine Antibodies Don't Guarantee Immunity Example #2 – Mumps Epidemic in Iowa (2006). In March, 2006, a total of 219 mumps cases had been reported in Iowa – the largest epidemic of mumps in the United States since 1988. Of the 219 cases reported in Iowa, the average age of infection was 21. Of the 133 patients investigated with a vaccine history:

·87 (65%) had received 2 doses
·19 (14%) had received 1 dose
·8 (6%) had no doses
·19 (14%) vaccine status could not be documented

Those infected who received a vaccine: 79% (at least).[26]

Vaccine Antibodies Don't Guarantee Immunity Example #3 – Mumps Outbreak at a Summer Camp in New York (2005). On July 26, 2005, the New York State Department of Health identified 31 cases of mumps. The vaccine coverage for the entire camp was 96%. Of the infected 31:

·16 (52%) had received 2 doses
·4 (13%) had received 1 dose
·9 (29%) had no doses
·2 (6%) vaccine status could not be documented

20 of the 31 people infected (65%) of the people infected were vaccinated.[27]

Vaccine Antibodies Don't Guarantee Immunity Example #4 – Mumps Outbreak in a Highly Vaccinated Population (1989). From October 1988 to April 1989, an outbreak involving 269 cases of mumps occurred in Douglas County, Kansas. Of the 269 cases, 208 (77.3%) occurred among primary and secondary school students, of

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[24] Ibid, p. 433

[25] http://www.nejm.org/doi/full/10.1056/NEJMoa1202865

[26] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55d330a1.htm

[27] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5507a2.htm

whom 203 (97.6%) had received a mumps vaccination.[28]

Vaccine Antibodies Don't Guarantee Immunity Example #5 – Major Measles Epidemic in Quebec Despite 99% Vaccine Coverage (1989). The 1989 measles outbreak infecting 1,363 people in the province of Quebec was attempted to be explained away as occurring because of "incomplete vaccination coverage." However, upon further investigation, it was discovered the vaccination coverage among cases was at least 84.5%.

Vaccination coverage for the total population was 99.0%.[29]

Vaccine Antibodies Don't Guarantee Immunity Example #6 – Outbreak of Measles Despite Appropriate Control Measures (1985). In 1985, of 118 cases of measles which occurred on a Blackfeet reservation in Montana, 82% were vaccinated. Twenty-three of those cases occurred in the schools in Browning, Montana, where:

98.7% of students were vaccinated.[30]

Vaccine Antibodies Don't Guarantee Immunity Example #7 – Measles Outbreak in a Fully Immunized Secondary-School Population (1985). In 1985, an outbreak of measles occurred in a secondary school located in Corpus Christi, Texas. More than 99% had records of vaccination with live measles vaccine. The investigators concluded "that outbreaks of measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated and more than 95 percent are immune."

Vaccine coverage for school: 99%.[31]

Vaccine Antibodies Don't Guarantee Immunity Example #8 – Measles in an Immunized School-Aged Population in New Mexico (1984). The story keeps repeating. In 1984, 76 cases of measles were reported in Hobbs, New Mexico. Forty-seven cases (62%) occurred among students. The school reported that 98% of students were vaccinated against measles before the outbreak began.

Vaccine coverage for school: 98%[32]
Vaccine Antibodies Don't Guarantee Immunity Example #9 – Measles Outbreak Among Vaccinated High School Students in Illinois (1984). In 1984, 21 cases of measles occurred in Sangamon County, Illinois:

- 16 (76%) were vaccinated
- 4 (19%) were unvaccinated preschool children

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[28] http://www.ncbi.nlm.nih.gov/pubmed/1861205

[29] http://www.ncbi.nlm.nih.gov/pubmed/1884314

[30] http://www.ncbi.nlm.nih.gov/pubmed?term=3618578

[31] http://www.nejm.org/doi/full/10.1056/NEJM198703263161303

[32] http://www.cdc.gov/mmwr/preview/mmwrhtml/00000476.htm

·1 (5%) vaccinated college student

All 411 students of the local high school were documented as having received the vaccination on or after their first birthday. Investigators remarked, "This outbreak demonstrates that transmission of measles can occur within a school population with a documented immunization level of 100%."

Vaccine coverage in school children contracting measles: 100%[33]

Vaccine Antibodies Don't Guarantee Immunity Example #10 – Clinical Presentation of Pertussis in Fully Immunized Children in Lithuania (2001). In 2001, Lithuania's vaccine coverage was 94.6% as a country. From May to December of that year, 53 children showed a serological confirmation of pertussis. Of the 53 children:

·32 (60.4%) were fully vaccinated
·21 (39.6%) were partially vaccinated or unvaccinated

Researchers conveniently grouped both partially vaccinated and unvaccinated children together. Vaccinated children (who received at least three DTP vaccine doses) represented 43.2% of all pertussis cases diagnosed in 2001.

Vaccine coverage for Lithuania: 94.6%.[34]

Vaccine Antibodies Don't Guarantee Immunity Example #11 – Pertussis Infection in Fully Vaccinated Children in Day Care Centers (2000). In 2000, a child died suspected of having pertussis. The baby received the first dose of DTP at two months of age – all family members were completely vaccinated with four doses of DTP. The day care centers that two siblings had attended during the child's illness were investigated. All the children in the day care had been vaccinated in infancy with four doses of diphtheria-tetanus toxoid pertussis (DTP) vaccine, and a booster dose at 12 months of age. Five fully vaccinated children were found to be colonized with Bordetella pertussis. At the conclusion of the investigation, researchers stressed the following information:

> "**<u>Vaccinated</u> adolescents and adults may serve as reservoirs for silent infection and become potential transmitters to unprotected infants.** The whole-cell vaccine for pertussis is protective only against clinical disease, not against infection. Therefore, even young, recently **<u>vaccinated</u> children may serve as reservoirs and potential transmitters of infection."**

Vaccine coverage in daycare: 100%[35]

Vaccine Antibodies Don't Guarantee Immunity Example #12 – Pertussis

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[33] http://www.cdc.gov/mmwr/preview/mmwrhtml/00000359.htm

[34] http://www.ncbi.nlm.nih.gov/pubmed/15918913

[35] http://wwwnc.cdc.gov/eid/article/6/5/00-0512_article.htm

Outbreak in Vermont (1996). In 1996, over 280 cases of pertussis cases were identified in Vermont. 174 children were vaccinated and over half (61%) of the school children were considered "fully vaccinated." It's also important to keep in mind that in 1996, 97% of children aged 19-35 months in Vermont had received three or more doses of DT or DTP vaccine.

Complete failure in vaccinated children: at least 80.9%[36]

Vaccine Antibodies Don't Guarantee Immunity Example #13 – Outbreak of Varicella at a Day Care Center Despite Vaccination (2012). In December of 2012, an outbreak occurred in a private day care center in a small community near Concord, New Hampshire. There were a total of 25 cases of varicella reported in children.

·17 (68%) were vaccinated
·8 (32%) were unvaccinated – two of these children were vaccinated in late December and classified as "unvaccinated"

The investigators lamented that the vaccine was 44% effective, saying, "The reasons for the poor performance of the vaccine are not apparent…the findings in this investigation raise concern that the current vaccination strategy may not protect all children adequately."

Vaccine coverage: 73.1%[37]

Vaccine Antibodies Don't Guarantee Immunity Example #14 – An Outbreak of Chickenpox in Elementary School Children with Two-Dose Varicella Vaccine Recipients (2006). Shortly after school had begun, the Arkansas Department of Health was notified of a varicella outbreak in students. Vaccination information was available for 871 (99%) of the 880 children. 97% of the children had been vaccinated for varicella! In this outbreak, 84 cases were reported.

Vaccine coverage: 97%.[38]

Weighing the Benefits of vaccines against the Risks
As you can see from the above examples, vaccines cannot be guaranteed to provide the benefit of immunity for which they are supposedly given. However, the risks associated with vaccines are indeed substantial as a quick scan of the Vaccine Injury Table kept by the Health Resource Center for the U.S. Department of Health and Human Services reveals that compensation for injury is possible from a variety of the most common vaccines given to children. The list of adverse side effects for vaccines is long and troubling. Adverse events are the reason the Vaccine Injury Compensation Program has paid out over **3.5 billion** dollars from 1988 – 2016 to individuals and families who have suffered vaccine injury and death despite the fact

[36] http://www.cdc.gov/mmwr/preview/mmwrhtml/00049244.htm

[37] http://www.nejm.org/doi/full/10.1056/NEJMoa021662

[38] http://www.ncbi.nlm.nih.gov/pubmed/19593254

that only 1 in 5 claims receives any compensation at all.[39] That is a lot of injury to children caused by vaccines considering that studies reveal that a small fraction of those injured by vaccines ever file any claim at all since most doctors reject the notion that a problem was caused by a vaccine despite the reality that such problems are listed on the manufacturers product insert.

And consider this revealing finding published in the Pace Environmental Law Review,

> "Using publicly available information, the investigation shows that the Vaccine Injury Compensation Program (VICP) has been compensating cases of vaccine-induced brain damage associated with autism for more than twenty years. This investigation suggests that officials at HHS, the Department of Justice and the Court of Federal Claims may have been aware of this association but failed to publicly disclose it."[40]

A full list of contraindications[41] and adverse events listed in the package inserts of all vaccines are available at http://www.immunize.org/packageinserts/. While the incidence of any particular adverse reaction listed on the insert may not be unacceptable in the eyes of the manufacturer or the CDC, every parent has both the duty and right to know what they are so that they can decide whether the benefit outweighs the risk for their child or themselves.

Pharmaceutical companies don't have liability when their products harm people
In 1986, the National Childhood Vaccine Injury Act (NCVIA) was passed which shielded vaccine manufacturers from liability that resulted from administration of a vaccination.

It should be noted that, after the Vaccine Act was passed in 1986 the CDC modified the childhood immunization schedule, greatly increasing the number of vaccines American children receive. In 1983, the CDC recommended 11 doses of 4 vaccines by the time a child was 16. Today the CDC recommends that a child receive 49 doses of 14 vaccines by the age of six, and 69 doses of 16 vaccines by 18 years of age.

No other industry in America—not the automobile industry, firearms industry or even the commercial air travel industry—has ever been granted blanket liability immunity from faulty products. Only the vaccine industry enjoys such extraordinary legal protections—a status that seems wholly unnecessary if vaccines are really as safe as proponents claim them to be.[42]

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[39] These awards are funded by taxes on vaccines.

[40] Unanswered Questions, A Review of Compensated Cases of Vaccine-Induced Brain Injury by Mary Holland, Louis Conte, Robert Krakow and Lisa Colin, Pace Environmental Law Review, vol. 28, no. 2 • 2011

[41] A contraindication is defined as a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person.

[42] Is this immunity the reason why vaccines are not required to undergo the same rigorous safety testing required for other prescription drugs and products?

Drug companies have unlimited profit-making in a stable, liability-free market for old and new vaccines recommended and mandated by government. The obvious trend in all this is that vaccines will naturally become more and more dangerous to children for the simple reason that the U.S. government has taken away any incentive for product safety. Because literally no costs are associated with vaccine damage and faulty products, the goal of the vaccine manufacturer is to maximize sales regardless of the side effects, because the company doesn't have any liability when their products harm people. It is reported that the pharmaceutical industry has 271 new vaccines under development at the CDC in the hope of raising annual vaccine sales to $100 billion.

How are vaccines evaluated for safety?
The manufacturer's package insert provides a glimpse at how vaccines are tested and evaluated. The first item of note in any package insert is the following admission regarding the lack of toxicology testing of vaccines:

"[This] vaccine has not been evaluated for its carcinogenic or mutagenic potential or impairment of fertility."

Because vaccines are to be given to young children who are rapidly developing humans who are more sensitive to adverse effects than adult humans it would seem imperative that any such vaccine be rigorously evaluated in scientifically sound and appropriate toxicology or precautionary studies that would appropriately address carcinogenesis[43], mutagenesis[44] (including teratogenicity[45]), and the impairment of fertility before the vaccine formula may ethically be injected into any child, especially since vaccines do contain known neurotoxins, carcinogens, and both human and animal DNA.

Let's first look at some examples on how vaccines are tested for safety:

> ***The following data** is from the manufacturer's package inserts.
>
> **All studies listed excluded children who weren't healthy—roughly 60% of the general population of infants and children would not be accepted into a vaccine study.

Hib

ActHIB (Sanofi Pasteur):
For this particular example, ActHib was tested for safety by giving one group ActHib w/ DTP and the CONTROL GROUP was given Hep B w/ DTP: [46]

From the package insert (page 7):

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[43] Carcinogenic effect is the ability to cause cancer.

[44] Mutagenic effect is the ability to cause alterations in DNA to include autoimmune disorders and disease.

[45] Teratogenic effects is the ability to cause harm to a developing fetus in utero.

[46] DTP is a whole-cell pertussis vaccine that's no longer on the market in the US.

> "In a randomized, double-blind US clinical trial, ActHIB® was given concomitantly with DTP to more than 5,000 infants and Hepatitis B vaccine was given with DTP to a similar number.In this large study, deaths due to sudden infant death syndrome (SIDS) and other causes were observed but were not different in the two groups.In the first 48 hours following immunization, two definite and three possible seizures were observed after ActHIB® and DTP in comparison with none after Hepatitis B vaccine and DTP. This rate of seizures following ActHIB® and DTP was not greater than previously reported in infants receiving DTP alone. Other adverse reactions reported with administration of other Haemophilus b conjugate vaccines include urticaria, seizures, hives, renal failure and Guillain-Barré syndrome (GBS). A cause and effect relationship among any of these events and the vaccination has not been established."

In summary, Group A received Hib and DTP (DTP is a whole-cell pertussis vaccine, a highly reactive vaccine-no longer on the market in the US). Group B received Hepatitis B vaccine and the same DTP. Vaccine reactions were then compared between the two groups. Both groups reported SIDS deaths and seizures, but these seem to be attributed to the DTP as this had been previously reported for DTP vaccines. Additionally, none of the other adverse reactions that "coincidentally" surfaced in these previously healthy infants during this trial could be causally related to the vaccines. Based on this information, ActHib was judged safe.

Why would a vaccine manufacturer voluntarily give their vaccine at the SAME time as one of the most highly reactive DTP that is no longer on the market in the U.S.? Because a study designed in this manner can disingenuously ensure adverse event outcomes are statistically insignificant between the two groups.

DTaP

Tripedia (DTaP) (Sanofi Pasteur):
One group received Tripedia and the control group received Aventis' whole cell DTP **[no longer on the market in the U.S.]** vaccine (page 6 of the package insert).

> "In a double-blind, comparative US trial, 673 infants were randomized to receive either 3 doses of Tripedia vaccine or AvP's whole-cell pertussis DTP vaccine (Table 2).
>
> Safety data are available for 672 infants, including 505 who received Tripedia vaccine and 167 who received whole-cell pertussis DTP vaccine. Following all three doses, rates for all reported local reactions, fever 101°F, irritability, drowsiness, and anorexia were significantly less in Tripedia vaccine recipients. Reaction rates

> generally peaked within the first 24 hours, and decreased substantially over the next two days.
> A similar reduction in adverse events was seen in a randomized, double-blind, comparative trial conducted in the US by the NIH when Tripedia vaccine was compared to Lederle Laboratories whole-cell pertussis DTP vaccine."

DTaP is the acellular version of DTP. Whole cell pertussis vaccines were highly reactive and had to be modified. This study shows that the new DTaP vaccine is not as reactive as the (replaced) DTP. We would hope so. Does this, however, prove to parents that the DTaP is safe?

What this study proves is that x vaccine is saf**er** than the "other" vaccine. <u>This type of testing method used is another example of statistical manipulation in order to make sure adverse event outcomes are statistically insignificant between two groups.</u>

Furthermore, there are no long term studies on vaccines before approval—many are limited to just a few weeks. When a vaccine is tested, it is given to healthy people and they are only given that one injection (not multiple injections at once, like a baby). The current CDC recommended schedule with a number of vaccines injected on a given day has never been tested; it has have not been studied for adverse effects in the combinations in which they're given (multiple shots in a single day for infants and children); and it cannot be guaranteed to provide the benefit of immunity for which they are given. And again, why have vaccines never been tested for carcinogenicity, mutagenicity, or impairment of fertility, despite the fact they contain ingredients recognized as potential carcinogens, mutagens, and reproductive toxicants? In essence, the current vaccination program is an experiment. The following statement in the 1972 congressional record provides additional insight into how vaccines are approved prior to knowing for sure if it is safe or not:

> "We have a measles vaccine that was dangerous. We did not find out about it until 4 years after it was approved. The point is, there is a lot we do not know and there has been a rather unfortunate tendency…once a vaccine is licensed, to pretend it has no further problems. It is really hard to explain, I think, to the public that you are going to license something for use, but yet you are going to continue long term studies on possible safety. In a way it does not make sense, but yet it is something I think we have to face, and I do not think they are facing this adequately."[47]

Here's just a few typical vaccine ingredients:[48]
Many of the ingredients in vaccines—including but not limited to aluminum,

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[47] The Executive Reorganization and Government Research of the Committee on Government Operations United States Senate, Ninety-Second Congress, Second Session. Page 430. April 20, 21; and May 4, 1972

[48]The list of vaccine ingredients comes straight from the CDC. For the full published list of vaccine ingredients see the CDC website: https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

mercury, formaldehyde, B2 glycoprotein, Triton X-100, Polysorbate or Tween 80, 60 and 20, 2-Phenoxyethanol, etc.—are known carcinogens, or known neurotoxins, toxic to cells, cell structure and neurons. A quick glance at the Material Safety Data Sheet (MSDS) data for vaccine ingredients reveals that many are clearly KNOWN to cause cancer, are clearly KNOWN to cause alterations in DNA, and are clearly KNOWN to cause harm to the developing fetus and to children. A brief glance at the MSDS data also reveals that there is a lot that is unknown—where the toxicological properties of many of the substances found in vaccines have not been thoroughly investigated:

Thimerosal: A neurotoxic mercury which has been linked to neurodevelopmental disorders in children[49] Mercury, even in small trace amounts, is harmful. Exposure to any mercury is problematic because like aluminum, it also accumulates in the brain causing many forms of neurological damage that affects movement, learning, and social behaviors. Mercury is 500 times more toxic than lead and is second only to plutonium as the most toxic metal known to man. This substance has quietly been replaced with aluminum in most childhood vaccines. (Thimerosal was not "removed"—these Thimerosal-containing vaccines were used up and the new lots of vaccine were made with a new adjuvant of Aluminum). Though thimerosal is no longer used as a preservative in childhood vaccines, it is still used in Flu vaccines, and it remains present in other childhood vaccines in trace amounts since it is part of the manufacturing process. However, those trace amounts still exceeds the FDA recommended amounts that can be ingested. Vaccines are injected rather than ingested. So is there a safe amount to inject? We don't know because that research has never been done. There are 25 mcg in one average flu vaccine, and the EPA safety limit is 5 mcg.

2-Phenoxyethanol: Substance classed as "Very Toxic Material" that according to its MSDS can lead to kidney, liver, blood, and central nervous system (CNS) disorders. Studies show this substance produces reproductive and developmental effects in animals.[50]

Polysorbate 20 (Tween 20): The Polysorbate 20 Safety Data Sheet (MSDS) – Signs and Symptoms of Exposure admits "To the best of our knowledge, the toxicological properties have not been thoroughly investigated." One study, however, found "On repeated intravenous administration, effects on the liver, spleen and kidneys were seen in premature babies exposed to polysorbate 80: polysorbate 20 mixture and some fatalities occurred."[51]

Cetyltrimethylammonium Bromide (CTMB): According to it's Safety Data Sheet we find out several things: CTMB is labeled as "Hazardous"; It is a skin irritant; It is a serious eye irritant; It is hazardous if inhaled; It is harmful if swallowed; It may cause respiratory irritation; It is dangerous to the environment; It is very toxic to

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[49] Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 (page 725-726) http://jprager9.wixsite.com/jeffpragerbooks

[50] http://www.sciencelab.com/msds.php?msdsId=9926486; See also, pages 558, 769, 834 in Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 http://jprager9.wixsite.com/jeffpragerbooks

[51] http://toxnet.nlm.nih.gov/cgi-bin/sis/search/r?dbs+toxline:@term+@DOCNO+RISKLINE/1990100067

aquatic life with long lasting effects; It is flammable. It also may cause damage to the following organs: liver, cardiovascular system, central nervous system (CNS). May cause adverse reproductive effects and birth defects based on animal test data. This sounds like some pretty serious stuff, and millions of children and adults are getting this injected into their bodies.[52]

Aluminum: Aluminum is a known neurotoxin associated with brain dysfunctions, including dementia and Alzheimer's disease that has since been added to a number of childhood vaccines in the United States. Numerous studies show that aluminum found in vaccines can cause long-term neurological damage.[53]

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[52]http://www.sciencelab.com/msds.php?msdsId=9923367

[53] See pages 18-19, 368, 452, 519, 416, 399, in Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 http://jprager9.wixsite.com/jeffpragerbooks; See also:

- http://link.springer.com/referenceworkentry/10.1007/978-1-4614-4788-7_89; Autism Spectrum Disorders and Aluminum Vaccine Adjuvants – 2014 "In summary, **research data suggests that vaccines containing Al may be a contributing etiological factor in the increasing incidence of autism**."

- http://link.springer.com/article/10.1007%2Fs12026-013-8403-1; Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity – April 2013 "**The literature demonstrates clearly negative impacts of aluminum on the nervous system across the age span. In adults, aluminum exposure can lead to apparently age-related neurological deficits resembling Alzheimer's.**"

- http://www.sciencedirect.com/science/article/pii/S0162013413001773 **Administration of aluminum to neonatal mice in vaccine-relevant amounts is associated with adverse long term neurological outcomes** – Nov 2013 "**These current data implicate Al (aluminum) injected in early postnatal life in some CNS alterations that may be relevant for a better understanding of the aetiology of ASD**."

- http://www.sciencedirect.com/science/article/pii/S0264410X1300769X Kinetics of the inflammatory response following intramuscular injection of aluminum adjuvant – June 2013 "**Recent evidence suggests an important role for inflammation in the immune response to aluminum-adjuvanted vaccines.**"

- http://link.springer.com/article/10.1007%2Fs10565-013-9239-0 **How aluminum, an intracellular ROS generator promotes hepatic and neurological diseases**: the metabolic tale – April 2013

- http://people.csail.mit.edu/seneff/Entropy/entropy-14-02227.pdf **Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure** – Nov 2012 "It has recently been proposed that **aluminum, commonly used in vaccines as an adjuvant, may be the most significant factor in adverse reactions, and, furthermore, that the nervous system is especially vulnerable to aluminum toxicity**."

- http://lup.sagepub.com/content/21/2/118.full The spectrum of ASIA: 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants' – Feb 2012 "During the past year a new syndrome was introduced and termed ASIA, 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants'. This syndrome assembles a spectrum of immune-mediated diseases triggered by an adjuvant stimulus."

- http://lup.sagepub.com/content/21/2/223.abstract Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations – Feb 2012 "In summary, **research evidence shows that increasing concerns about current vaccination practices may indeed be warranted. Because children may be most at risk of vaccine-induced complications, a rigorous evaluation of the vaccine-related adverse health impacts in the pediatric population is urgently needed**."

- http://pediatrics.aappublications.org/content/early/2011/11/30/peds.2010-3481.abstract?papetoc Wide Variation in Reference Values for Aluminum Levels in Children – Dec 2011, Full Text "**Further studies of aluminum in children are warranted** and should be considered as part of the Centers for Disease Control and Prevention Biomonitoring Project."

Polysorbate 80 (Tween 80: This substance has been found to cause adverse reproductive effects and may cause cancer based on animal test data[54] A study published in the Journal of Food and Chemical Toxicology found that Polysorbate 80 can lead to infertility and reproductive damage in rats.[55] Polysorbate 80 is also known to cause anaphylactic shock. Polysorbate 80 Material Safety Data Sheet (MSDS) – "Considered a hazardous substance."[56]

Glutaraldehyde: Glutaraldehyde is an organic compound that is used to disinfect medical and dental equipment. In vaccines it is used as a chemical preservative. Its Material Safety Data Sheet states "The substance may be toxic to blood, the reproductive system, liver, mucous membranes, spleen, central nervous system (CNS), Urinary System." There have been several studies done on Glutaraldehyde and it has been found that exposure to it can cause: asthma, allergic reactions, induced respiratory issues.[57]

MSG (monosodium glutamate): Monosodium glutamate is a food and taste-enhancing chemical found in many processed food products. Similar to most vaccine ingredients that have not been tested separately for safety, the long term cumulative effects of injecting MSG into the body and how it interacts with other chemicals and ingredients in vaccines is not known. What is known is that MSG is in a special class of chemicals called excitotoxins, which are known to overstimulate certain neurons

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[54] See Material Safety and Data Sheet (MSDS) toxicology section under special remarks on chronic and toxic effects on human, http://www.sciencelab.com/msds.php?msdsId=9926645; See also, pages 542, 553, 664, 701, 914, 916, 953 in Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 http://jprager9.wixsite.com/jeffpragerbooks

[55] https://www.ncbi.nlm.nih.gov/m/pubmed/8473002/

[56] **Delayed effects of neonatal exposure to Tween 80 on female reproductive organs** in rats – March 1993 "Neonatal rats were injected with Tween 80 in 1, 5, or 10% aqueous solution on days 4-7 after birth. Treatment with Tween 80 accelerated maturatio, prolonged the oestrus (menstrual cycle), and induced persistent vaginal oestrus. **The relative weight of the uterus and ovaries decreased relative to the untreated controls. Ovaries were without corpora lute, and had degenerative follicles.**" http://www.ncbi.nlm.nih.gov/pubmed/8473002?dopt=Abstract;

Polysorbate 80 in medical products and nonimmunologic anaphylactoid reactions – Dec 2005 "**Polysorbate 80 is a ubiquitously used solubilizing agent that can cause severe nonimmunologic anaphylactoid reactions.**" http://www.ncbi.nlm.nih.gov/pubmed/16400901; Evaluation of developmental neurotoxicity of polysorbate 80 in rats – January 2008, http://www.ncbi.nlm.nih.gov/pubmed/17961976;

Specific role of polysorbate 80 coating on the targeting of nanoparticles to the brain – Sept 2003. "The specific role of T-80 coating on nanoparticles in brain targeting was thus confirmed." – meaning polysorbate 80 is a tool used for delivering drugs to the brain. http://www.drgreenmom.com/wp-content/uploads/2014/04/Specific-role-of-polysorbate-80-coating-on-the-targeting-of-nanoparticles-to-the-brain.pdf

[57] See, "Glutaraldehyde-induced and formaldehyde-induced allergic contact dermatitis" Scott M. Ravis, M.D., Matthew P. Shaffer, M.D., Christy L. Shaffer, M.D., Seena Dehkhaghani, M.D. And Donald V. Belsito, M.D.; See also, "Glutaraldehyde-induced asthma." Quirce S, Gómez M, Bombín C, Sastre J. 1999 Oct;54(10):1121-2.; Genetic toxicity and carcinogenicity studies of glutaraldehyde–a review. Zeiger E, Gollapudi B, Spencer P. Mutat Res. 2005 Mar;589(2):136-51; Divergent immunological responses following glutaraldehyde exposure. Azadi S, Klink KJ, Meade BJ. Toxicol Appl Pharmacol. 2004 May 15;197(1):1-8. Case report: hydroquinone and/or glutaraldehyde induced acute myeloid leukemia? – July 2006 http://www.occup-med.com/content/pdf/1745-6673-1-19.pdf; Effects of Glutaraldehyde Exposure on Human Health – March 2006 http://joh.sanei.or.jp/pdf/E48/E48_2_01.pdf; A Critical Review of the Toxicology of Glutaraldehyde 1992 http://informahealthcare.com/doi/abs10.3109/10408449209145322; Genetic toxicity and carcinogenicity studies of glutaraldehyde—a review – March 2005. http://www.sciencedirect.com/science/article/pii/S1383574205000049

in the brain causing them to continue firing until they tire themselves and die. This overexcitement of neurons has been suggested to play an important role in neuronal injury associated with a number of neurological disorders. Injections of MSG in laboratory animals have resulted in rapid damage to nerve cells in the brain.[58]

Formaldehyde: Highly carcinogenic fluid used to embalm corpses. Ranked one of the most hazardous compounds to human health; can cause liver damage, gastrointestinal issues, reproductive deformation, respiratory distress and cancer. Studies have linked Formaldehyde exposure to leukemia. The Formaldehyde Material Safety Data Sheet states that the substance may be toxic to kidneys, liver, skin, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage. Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs."[59]

Human Tissue:
Many vaccines contain human DNA, human cell lines from aborted infants, or protein from human blood as ingredients (MRC-5, DNA, MRC-5 Cellular Protein, Human Serum Albumin). WI-38 and MRC-5 have become the most used Human diploid tissue cultures to make vaccinations. The WI-38 cell line was developed in 1962 by the Wistar Institute in Sweden from the lung cells of an aborted female fetus. Human diploid tissue culture MRC-5 was developed by the Medical Research Council of England from the lung tissue of a fourteen-week old

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[58] **Locomotor and learning deficits in adult rats exposed to monosodium-L-glutamate during early life** (April 2000) http://www.ncbi.nlm.nih.gov/pubmed/10771161?dopt=Citation; The Danger of MSG and How it is Hidden in Vaccines (Dr. Mercola) http://articles.mercola.com/sites/articles/archive/2002/06/08/msg-vaccines.aspx; Monosodium glutamate induced convulsions in rats: Influence of route of administration, temperature and age (1991) http://link.springer.com/article/10.1007%2FBF00808094; "Comment: **The combination of MSG and fever or MSG and exercise has a synergistic neurotoxic effect that lowers seizure threshold.**" **Prenatal monosodium glutamate (MSG) treatment given through the mother's diet causes behavioral deficits in rat offspring** – April 1984; Blaylock R. Excitotoxins: The Taste That Kills. Albuquerque, NM: Health Press 1997. http://www.ncbi.nlm.nih.gov/pubmed/6541212?dopt=Citation; Yang WH, Drouin MA, Herbert M, Mao Y, Karsh J. The monosodium glutamate symptom complex: assessment in a double-blind, placebo-controlled, randomized study. Journal of Allergy and Clinical Immunology1997; 99(6 Pt 1): 757-762; Monosodium L-glutamate-induced asthma – 1987, Full Text http://www.ncbi.nlm.nih.gov/pubmed/3312372?dopt=Citation; Schaumburg HH, Byck R, Gerstl R, Mashman JH. Monosodium L-glutamate: its pharmacology and role in the Chinese restaurant syndrome. Science 1969; 163(869): 826-828. Xiong J, Branigan D, Li M. Deciphering the MSG Controversy. International Journal of Clinical and Experimental Medicine 2009; 2: 329 -333.

[59] See, pages 540, 567, 579, 586, 615, 669, 671, 740, 773, 788, 846 in Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 http://jprager9.wixsite.com/jeffpragerbooks; See also, International Agency for Research on Cancer (June 2004). IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 88 (2006): See also, http://monographs.iarc.fr/ENG/Monographs/vol88/index.php]. See also, Report on Carcinogens, Twelfth Edition. Department of Health and Human Services, Public Health Service, National Toxicology Program. Retrieved June 10, 2011, from: http://ntp.niehs.nih.gov/go/roc12]. **Formaldehyde Impairs Learning and Memory Involving the Disturbance of Hydrogen Sulfide Generation in the Hippocampus of Rats** – Oct 2012 http://link.springer.com/article/10.1007%2Fs12031-012-9912-4; **Formaldehyde induces neurotoxicity to PC12 cells involving inhibition of paraoxonase-1 expression and activity**, April 2011 http://www.ncbi.nlm.nih.gov/pubmed/21261675; Differential effects of formaldehyde exposure on the cell influx and vascular permeability in a rat model of allergic lung inflammation – Sept 2010 http://www.ncbi.nlm.nih.gov/pubmed/20658762; Effects of low-level formaldehyde exposure on synaptic plasticity-related gene expression in the hippocampus of immunized mice, May 2007 http://www.sciencedirect.com/science/article/pii/S0165572807001075; **Measurement of tumor-associated mutations in the nasal mucosa of rats exposed to varying doses of formaldehyde**, July 2010 http://www.sciencedirect.com/science/article/pii/S0273230010000474

male fetus, removed for psychiatric reasons from the mother in 1970.

The research of Theresa Deisher Ph.D.—who obtained her Ph.D. in Molecular and Cellular Physiology from Stanford University, a genetic engineer with over 20 years' experience in the pharmaceutical industry whose research and discoveries have led to clinical trials on a number of therapeutic processes and 23 issued US patents—demonstrates a link in her research between the rise in the rates of autism and the use of aborted fetal cells in the production of vaccines.[60]

Bovine Cow Serum: Bovine cow serum is a frequently used vaccine growth medium and the most frequently contaminated animal serums with bacteriophage (bacterial virus contamination of the animal serum).

Bacteriophage Contaminated Vaccines

It may come as a surprise to learn that live human virus vaccines that are injected into our nation's children have been shown to contain bacterial viruses from animals.[61]

In February, 1975 New York Times Medicine and Science Journalist, Gina Bari Kolata wrote an article in Science Magazine entitled "Phage in Live Virus Vaccines: Are They Harmful to People?" She wrote:

> "Almost 2 years ago, scientists at the Bureau of Biologics of the Food and Drug Administration (FDA) reported that **all live virus vaccines are grossly contaminated with phage (viruses that infect bacteria)**....This finding presented a problem since federal regulations forbade extraneous material in vaccines, and no one knew whether phage are harmful to human beings or whether they could be removed from vaccines. The temporary solution was to amend the regulations so as to permit phage in vaccines."[62]

Where did the bacteriophage come from? According to the article, the phages, which are viruses that infect bacteria, contaminate the "fetal bovine serum" collected at the slaughterhouse that subsequently is used as vaccine growth medium. The process of bovine "fetus management" was encapsulated in this manner:

> "The room is dirty and, according to one spokesman, "one minute you have

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[60] See, http://www.autismone.org/sites/default/files/deisher.pdf. See also, Dr. Therese Deisher's testimony at the Minnesota House of Representatives on vaccine safety. https://youtu.be/I5b9xsGZs1E. See also a study done by Dr. Helen Ratajczak called Theoretical aspects of autism: Causes—A review: Journal of Immunotoxicology: Vol 8, No 1 http://www.tandfonline.com/doi/full/10.3109/1547691X.2010.545086. See also, http://www.cbsnews.com/news/vaccines-and-autism-a-new-scientific-review/; See also, Timing of Increased Autistic Disorder Cumulative Incidence by Michael E. McDonald and John F. Paul, NHEERL/EPA, published in February 2010 in Vol. 44 of the Environmental Science Technology journal. It reports that a spike in autism seen in 1995 corresponds with the introduction of human DNA to the MMR vaccine, suggesting a possible link.

[61] www.ncbi.nlm.nih.gov/pubmed/1665461; See also, www.ncbi.nlm.nih.gov/pubmed/10636817; and pages 26, 31, 116 in Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 http://jprager9.wixsite.com/jeffpragerbooks;

[62] Phage in Live Virus Vaccines: Are They Harmful to People? Science 14 Feb 1975: Vol. 187, Issue 4176, pp. 522-523

nothing to do and the next minute you are literally knee deep in fetuses."[63]

Kolata noted that one unintended consequence from the contamination was the phage's ability to trigger a different disease. She explained that a person who was given the polio vaccine contaminated with diphtheria phage could actually contract diphtheria!

FDA's tolerance of vaccine contaminants manifested years later. For example, a court case decided in 1987 revealed,

> "Each seed virus used in manufacture shall be demonstrated to be free of extraneous microbial agents except for unavoidable bacteriophage."[64]

It Continues to This Day

This isn't a problem that magically went away. In fact, a look at the current federal guidelines that regulate the production and testing of vaccines reveals the following statement:

> "Each seed virus used for vaccine manufacture shall be prepared from an acceptable strain in monkey kidney cell cultures, derived from animals…or in a cell culture of a type determined to be suitable by the Director…The seed virus used in vaccine manufactures shall be demonstrated to be free of extraneous microbial agents except for the unavoidable bacteriophage."

And according to the FDA:

> "Many novel vaccines are produced in animal cell substrates, and emerging infectious diseases may theoretically be transmitted from animals to humans through these vaccines."

Vaccines have a long history of being contaminated

The polio vaccine was developed in 1954 by Dr. Jonas Salk (incidentally with heavy funding from the Rockefeller Foundation). In order to make the vaccine, Salk grew the poliovirus on ground monkey kidneys and testicles. It was later discovered by Merck researchers, Benjamin Sweet and Maurice Hilleman, the monkey tissues used for vaccine manufacturing were contaminated with a cancer virus called SV40.[65]

The untold history is found in the Congressional papers of the Executive Reorganization and Government Research of the Committee on Government Operations United States Senate, Ninety-Second Congress, Second Session [1972], which states on page 502,

> "In 1954 [a scientist, Bernice Eddy], as a polio control officer, found live virus

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[63] Ibid

[64] Wade Baker and Rita Baker, Plaintiffs-Appellants, v. United States of America, Defendant-Appellee. No. 86-5578. Submitted Dec. 4, 1986

[65] B.H. Sweet M.R. Hilleman, The Vacuolating Virus, S.V.40, 105 Proceedings of the Society for Experimental Biology and Medicine 420, 420-27 (1960).

in supposedly killed polio vaccine; in 1955 she was relieved of her duties as polio control officer…After her discoveries concerning the SV40 virus, her staff and animal space were reduced and she was demoted from head of a section to head of a unit."[66]

Page 500,

"The next and only serious vaccine crisis that has occurred since the polio episode was the realization in mid-1961 that a monkey virus later shown to cause tumors in hamsters was contaminating both polio and adenovirus vaccines. The virus, known as SV40, was entering the vaccines and, just as in the polio case was surviving the formalin [form of formaldehyde] treatment."

"There were several states by which the full extent of the SV40 problem became known. First was the discovery in 1959-1960 by a DBS [Division of Biologics Standards] scientist...that an unknown agent in the monkey kidney cells used to produce polio and adenovirus vaccines would cause tumors when the cells were injected into hamsters." [67]

Page 505 of the congressional report states:

"There has been a tendency on the part of certain higher government circles to play down any open discussion of problems associated with vaccines… even when the contaminating virus was found to be oncogenic [cancer causing] in hamsters, the DBS [Division of Biologics Standards – National Institute of Health] and its expert advisory committee decided to leave existing stocks on the market rather than risk eroding public confidence by a recall."

A 2002 report in the San Francisco Chronicle further explained:

"U.S. Public Health Service officials were worried. Tests had found SV40 in both the Sabin and Salk vaccines—it was later estimated that as much as a third of the Salk vaccine was tainted—and that SV40 was causing cancer in lab animals...the public was kept in the dark...officials did not recall contaminated Salk vaccine—more than a year's supply—still in the hands of the nation's doctors. And they did not notify the public of the contamination and SV40's carcinogenic effect on newborn hamsters. [Merck's Dr. Maurice] Hilleman would later explain that government officials were worried that any potentially negative information could ignite a panic and jeopardize the vaccination campaign." [68]

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[66] The Executive Reorganization and Government Research of the Committee on Government Operations United States Senate, Ninety-Second Congress, Second Session. Page 499-505. April 20, 21; and May 4, 1972

[67] Ibid

[68] http://www.sfgate.com/health/article/Rogue-virus-in-the-vaccine-Early-polio-vaccine-2899957.php "Simian Virus in Polio Shots Tied to Cancer: Two Studies Support Widely Disputed Theory" by William Carlsen; San Francisco Chronicle; 3/9/2002; p.A1.);

THIS KNOWN POTENT MONKEY TUMOR VIRUS WAS INJECTED INTO 98 MILLION PERSONS FROM 1955 THROUGH 1963[69]

And this horrible tragedy didn't just end there (1963). The continued contamination of the Polio vaccine-making process of more recent vaccines is highlighted in two detailed reports by journalist and writer William Carlsen in The San Francisco Chronicle.

> "Although manufacturers switched from rhesus monkeys to SV40-free green African monkeys to grow the bulk vaccine in 1961, they have continued to use potentially contaminated polio seed strains originally grown on the rhesus monkey tissue to start the bulk vaccine process. Manufacturers check the purity of their vaccine with a series of 14-day tests to detect whether any SV40 slipped through.
>
> But when [Cancer Researcher, Dr. Michele Carbone, MD, PhD] replicated the tests in 1999, he found that the second, slower-growing 'archetypal' strain took 19 days to emerge. It was possible, Carbone noted in a published report, that this second strain of SV40 had been evading manufacturers' screening procedures for years—and infecting vaccine recipients after 1962."[70]
>
> "A monkey virus linked to human cancers may have contaminated the oral polio vaccine for years after the U.S. government ordered manufacturers to remove it, according to drug company documents obtained by The Chronicle."[71]

According to an article published and available from The National Center for Biotechnology Information in a 2007 review of numerous studies about SV40 in humans, researches said the following:

> "SV40 footprints in humans have been found associated at high prevalence with specific tumor types such as brain and bone tumors, mesotheliomas and lymphomas and with kidney diseases…" And "Once infected, people with SV40 can pass the virus on to their children."[72]

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[69]Ibid. See also, Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 (page 33, 36, 37, 40, 41, 42, 43, 48, 50, 51, 52, 53, 54, 57, 59, 60, 63, 64, 66, 67, 69, 71, 72, 75, 78, 91, 93, 101, 116, 112). http://jprager9.wixsite.com/jeffpragerbooks

[70] Ibid

[71] "New Documents Show the Monkey Virus is Present in More Recent Polio Vaccine" by William Carlsen; San Francisco Chronicle; 7/22/2001; p. A6.

[72]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1941725/

And to bring this full circle to the beginning

A **KNOWN** MONKEY CANCER CAUSING VIRUS WAS INJECTED INTO AT LEAST 98 MILLION INNOCENT PEOPLE.[73]

and,

These vaccines with a known cancer-causing virus were left on the shelf because, if recalled, your confidence in vaccine safety and effectiveness would be eroded.

and,

PRODUCT INSERTS ADMIT VACCINES ARE STILL NOT TESTED FOR CAUSING CANCER[74]

and,

Innocent children continue to be injected with substances **recognized** to cause cancer such as formaldehyde, Polysorbate or Tween 80, 60 and 20, 2-Phenoxyethanol, Triton X-100, etc.[75]

and,

PRODUCT INSERTS ADMIT VACCINES ARE ALSO NOT TESTED FOR CAUSING MUTAGENIC EFFECTS SUCH AS AUTOIMMUNE DISEASES AND DISORDERS.[76]

and,

Innocent children continue to be injected with **known neurotoxins** including aluminum and mercury—all known to be toxic to cells, cell structure and neurons—all with the known ability to cause harm to humans to include autoimmune diseases.

and,

THESE PHARMACEUTICAL COMPANIES DON'T HAVE ANY LIABILITY WHEN THEIR PRODUCTS HARM PEOPLE

and,

THE SAME PHARMACEUTICAL COMPANIES ARE PROFITING HEAVILY FROM THE EXPLOSION OF CANCERS AND AUTOIMMUNE DISORDERS.

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[73] http://www.sfgate.com/health/article/Rogue-virus-in-the-vaccine-Early-polio-vaccine-2899957.php ("Simian Virus in Polio Shots Tied to Cancer: Two Studies Support Widely Disputed Theory" by William Carlsen; San Francisco Chronicle; 3/9/2002; p.A1.); See also, Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015 (page 33, 36, 37, 40, 41, 42, 43, 48, 50, 51, 52, 53, 54, 57, 59, 60, 63, 64, 66, 67, 69, 71, 72, 75, 78, 91, 93, 101, 116, 112) http://jprager9.wixsite.com/jeffpragerbooks

[74] See a list of vaccine product inserts here: http://www.immunize.org/packageinserts/.

[75] View the Material Safety Data Sheets (MSDS) to learn about each vaccine ingredient.

[76] See a list of vaccine product inserts here: http://www.immunize.org/packageinserts/.

and,

The same people and organizations behind these pharmaceutical companies set the precedent for the entire U.S. vaccine program which continues to pump known carcinogens and neurotoxins into innocent children.

and,

These same people and organizations were involved in 98 million innocent Americans being injected with vaccines contaminated with a known cancer-causing monkey virus, SV40.

and,

These are the same people and organizations found holding back promising natural cures for cancer (as cited by the congressional Fitzgerald Report).[77]

and,

Let me repeat that vaccines are kept on the shelves even if they are contaminated or found to be dangerous because **YOU**, the person into whom they would be injected, would lose confidence in the vaccine program!

A look at the Corruption Found in the UK's Vaccination Program

A 2011 investigative report compiled by Dr. Lucija Tomljenovic, Ph.D., Molecular Biologist at the University of British Columbia has revealed 30 years of secret official documents showing that government experts in the United Kingdom have:

1. Known that many vaccines don't work
2. Known they cause the diseases they are supposed to prevent
3. Known they are a hazard to children
4. Colluded to lie to the public
5. Worked to prevent safety studies

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[77] In the 1950's, Congressman Charles Tobey enlisted Benedict Fitzgerald, an investigator for the Interstate Commerce Commission, to investigate allegations of conspiracy and monopolistic practices on the part of orthodox medicine. This came about as the result of the son of Senator Tobey who developed cancer and was given less than two years to live by orthodox medicine. However, Tobey Jr., discovered options in the alternative field, received alternative treatment and fully recovered from his cancerous condition. That is when he learned of alleged conspiratorial practices on the part of orthodox medicine. He passed the word to his father, Senator Charles Tobey, who initiated an investigation. The final report clearly indicated there was indeed a conspiracy to monopolize the medical and drug industry and to eliminate alternative options. The "Fitzgerald Report" was submitted into the Congressional Record Appendix August 3, 1953:

> "My investigation to date should convince this committee that a conspiracy does exist to stop the free flow and use of drugs in interstate commerce which allegedly has solid therapeutic value. Public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals, and scientific research laboratories which do not conform to the viewpoint of medical associations."

The "Fitzgerald Report"; Congressional Record Appendix August 3, 1953, A Report by Special Counsel for a United States Senate Investigating Committee ... Making a Fact Finding Study of a Conspiracy against the Health of the American people.

Though her paper focuses primarily on the British health system's elaborate cover-up of the dirty truth about its own national vaccination program, **these are many of the same vaccines that are mandated to children in the United States and other countries**.

Dr. Tomljenovic's report shows that Government authorities in Britain, in an ongoing bid to satisfy the private goals of the vaccine industry, have deliberately covered up pertinent information about the dangers and ineffectiveness of vaccines from parents in order to maintain a high rate of vaccination compliance. And in the process, they have put countless millions of children at risk of serious side effects and death.

Through several Freedom of Information Act (FOIA) requests, Dr. Tomljenovic was able to obtain transcripts of private meetings that were held between the UK's Department of Health Joint Committee on Vaccination and Immunization JCVI—the UK's so-called "independent expert advisory committee" that makes recommendations to the British government about vaccine policy, and various British health ministers over the years. And after poring through this plethora of information, which had previously been veiled from public view, Dr. Tomljenovic made some disturbing discoveries:

> "[T]he JCVI (Joint Committee on Vaccination and Immunization) made continuous efforts to withhold critical data on severe adverse reactions and contraindications[78] to vaccinations to both parents and health practitioners in order to reach overall vaccination rates which they deemed were necessary for 'herd immunity,' a concept which…does not rest on solid scientific evidence....As a result of such vaccination policy promoted by the JCVI and the DH, many children have been vaccinated without their parents being disclosed the critical information about demonstrated risks of serious adverse reactions, one that the JCVI appeared to have been fully aware of. It would also appear that, by withholding this information, the JCVI/DH neglected the right of individuals to make an informed consent concerning vaccination." [79]

The transcripts of the JCVI meetings show that many of the Committee members had extensive ties to pharmaceutical companies and that the JCVI frequently co-operated with vaccine manufacturers on strategies aimed at boosting vaccine uptake.

> "Official documents obtained from the U.K. Department of Health (DH) and the JCVI reveal that the British health authorities have been engaging in such practice for the last 30 years, apparently for the sole purpose of protecting the national vaccination program." [80]

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[78] A contraindication is defined as a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person.

[79] Dr Lucija Tomljenovic, Ph.D. Molecular Biologist, Neural Dynamics Research Group, Dept. of Ophthalmology and Visual Sciences, University of British Columbia, Vancouver, Canada. https://www.nsnbc.me/wpcontent/uploads/2013/05/BSEM-2011.pdf

[80] Ibid.

The UK Government was fully aware of MMR vaccine dangers as early as 1989, but covered them up. Beginning on page three of her report, Dr. Tomljenovic begins outlining details of meetings held as early as 1981 where the JCVI clearly engaged in fraud, cover-up, and lies about vaccines to protect the vaccine industry, not children, from harm. Minutes from these meetings reveal that the JCVI actively tried to cover up severe side effects associated with common vaccines like measles and whooping cough (pertussis), both of which were clearly linked at the time to causing severe brain damage in a substantial percentage of the children that received them. [81]

Of particular concern was how the JCVI handled unfavorable data on the controversial MMR vaccine for measles, mumps, and rubella. 10 years before Dr. Andrew Wakefield published his study on MMR in The Lancet, JCVI was already fully aware that the National Institute for Biological Standards and Control (NIBSC) had identified a clear link between MMR and vaccine-induced meningitis and encephalitis. But rather than come forward with this information and call for further safety assessments on the vaccine, the JCVI instead censored this critical information from the public, and blatantly lied about the safety of MMR for years.[82]

> "The extent of the JCVI's concerns with the implications of scientific assessment of vaccine safety on vaccine policy explains why they were opposed to any long-term surveillance for severe neurological disorders following vaccination," writes Dr. Tomljenovic. "[I]nstead of re-evaluating the vaccination policy, at least until safety concerns were fully evaluated, the JCVI chose to support the existing policy based on incomplete evidence that was available at that time." [83]

In other words, the JCVI was more concerned with protecting the reputation of the dangerous MMR vaccine, as well as many other questionable vaccines, than with protecting children from sustaining serious injuries as a result of getting the jabs. As far as the MMR vaccine is concerned, this critical piece of information not only reinforces the legitimacy of Dr. Wakefield's findings from 10 years later, which were illegitimately declared to be fraudulent by the establishment, but also illustrates just how painfully long this scam has been taking place.

Vaccine companies urged to manipulate data sheets, skew safety studies to promote vaccines

Dr. Tomljenovic also drudged up copious amounts of information on the JCVI's longtime habit of encouraging vaccine companies to deliberately alter their data sheets in order to make dangerous and ineffective vaccines appear safe and effective, in accordance with their recommendations. When the JCVI's guidance contraindications for MMR, for instance, did not match those of the vaccine's

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[81] Ibid.

[82] Dr Andrew Wakefield is a British medical researcher who, in 1998, investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder which appeared to have been linked to MMR vaccination.

[83] Ibid.

manufacturer, JCVI apparently instructed the manufacturer to alter its data sheets to avoid "legal problems."

Similarly, the JCVI's official policy was to cherry-pick unreliable studies to support its own opinions on vaccines rather than rely on independent, scientifically-sound studies to make vaccine policy recommendations. Once again, the JCVI's position on the safety and effectiveness of MMR is an excellent example of this, as the group flat out ignored legitimate MMR studies in favor of industry-backed junk studies like the 2005 Cochrane Review, which technically proved nothing about the alleged safety of MMR because the 31 studies it evaluated did not even meet the group's basic methodological criteria.

> "Over the years, the JCVI has consistently promoted the MMR vaccine as safe, based on studies that have been proven to be either irrelevant, inconclusive, or methodologically questionable," explains Dr. Tomljenovic, adding that "the JCVI routinely chose to rely on flawed epidemiological studies that only identified "association" rather than "causation," a rather ironic inaccuracy in light of how scrutinizing the establishment typically is of studies that contradict its own positions." [84]

The study goes on to explain how vaccine schedules were established through the calculated downplaying of vaccine safety concerns and the over-inflating of vaccine benefits; the promotion of dangerous new vaccines into the pediatric schedule through deception; the discouraging of vaccine safety follow-up studies; and the widespread brainwashing of the public through manipulation and scientific sleight-of-hand tricks. The 45 page paper with detailed evidence can be found: https://www.nsnbc.me/wpcontent/uploads/2013/05/BSEM-2011.pdf; this paper was presented at and forms part of the proceedings of The 2011 BSEM Scientific Conference, March 2011, by Dr Lucija Tomljenovic, Ph.D. Molecular Biologist, Neural Dynamics Research Group, Dept. of Ophthalmology and Visual Sciences, University of British Columbia, Vancouver, Canada.

A Closer Look at the Vaccine Debate

As you can see, getting credible independent scientific evidence for vaccines is not always easy. Asking the CDC to investigate the role of vaccines in the development of autism is like asking the tobacco industry to investigate the link between lung cancer and smoking. As was the case with the tobacco industry, pharmaceutical companies pay either directly or indirectly for much of the science that is published. The revolving door of officials in government moving into highly paid positions in the pharmaceutical industry or lobbying also is problematic. The government seems to have a vested interest in not publishing information that would show vaccines in a poor light.

The controlled mainstream media, for the most part, is biased in its coverage of the current vaccine debate. The debate is positioned as parents against doctors, with parents supposedly representing emotional pleas, while doctors are supposedly unified in stating that the "science is settled" regarding vaccines, and universally in

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[84] Ibid.

favor of mandatory vaccination policy removing parental exemptions.

However, any journalist or investigative reporter covering the issues with any integrity at all will quickly discover that doctors are not unified at all on their positions regarding the science of vaccines in spite of what the pharmaceutical industry, federal government, and controlled mainstream media would like the public to believe. Many doctors who consider themselves "pro-vaccine," for example, do not believe that ever single vaccine is appropriate for every single individual. Also, there are doctors whom recommend a "delayed" vaccine schedule for some patients, and not always the one-size-fits-all CDC childhood schedule, such as prominent pediatrician, Dr. Sears. Other doctors choose to recommend vaccines based on the actual merit of each vaccine, recommending some, while determining that others are not worth the risk for children, such as the suspect seasonal flu shot. [85]

In fact, there are numerous medical professionals and researchers, such as the International Medical Council on Vaccination, an association of hundreds of doctors and medical professionals that "counter the messages asserted by pharmaceutical companies, the government and medical agencies that vaccines are safe, effective and harmless." As this medical organization states "Our conclusions have been reached individually by each member of the Council, after thousands of hours of personal research, study and observation have found the following:"

- We are profoundly critical of the practice of vaccination. Vaccination is an unacceptable risk to every member of society, regardless of age.

- As medical professionals, Council members have observed first-hand the health of vaccinated vs. the unvaccinated. We find the latter group to be robust, healthy and drug-free compared to the former group.

- We have reviewed published studies in support of vaccines and have found them wanting in both substance and science.

- We have brought out into the open hundreds of peer-reviewed, published medical articles that document the damage and the diseases caused by vaccines.

Proponents for vaccine safety argue that mandatory vaccination of all infants and children with vaccines that have not been proven to be effective at eradicating serious illness or death, and which have resulted in serious illness or death for a percentage of children makes no sense. In short, the cost (in human life and suffering) is too high.

Proponents of vaccine safety often advocate for individuality in the vaccine schedule, asserting that decisions about what vaccines a child should receive (or not) should

[85]The Autism Research Institute (www.AutismResearchInstitute.com) has made the following safety recommendations in childhood vaccines: • Never vaccinate a sick child, even if he or she just has a runny nose. • Never give more than two vaccines simultaneously. • Rather than the MMR vaccine, request that these viral vaccines be given separately, preferably six months apart; give measles last; and do not give any other vaccines for at least 1 year after measles. • Administer vitamins A, D and C before and after vaccines. • Never allow a vaccine containing any level of the mercurial compound, Thimerosal.

be based on careful consideration of the risks of that child contracting a particular illness, the possible harm to that child as a result of having contracted the illness, and the possible threat to the community if others should become infected.

Pro-vaccination parents and organizations say that those who choose not to vaccinate their children according to the CDC's recommended schedule are putting the general public at risk, but if the vaccines do indeed work, children who are fully vaccinated should not be at risk of contracting illnesses for which they have received vaccinations. As one popular mantra among advocates for more thoughtful vaccination states, "Saying my unvaccinated child is a risk to your vaccinated child is like saying my child must take birth control pills so your child doesn't get pregnant." If you're protected, you're protected.

Comparison of the State of health of Vaccinated and unvaccinated children

Children's health advocates, vaccine safety activists, and medical professionals have been calling for a well-designed publically funded large-scale study comparing completely unvaccinated children with fully vaccinated children for years. So far the CDC has refused.

It may seem surprising to learn that such studies have never been done, considering that as recently as 1985, there were only 3 vaccines in the schedule: DTP, MMR and polio. Today, there are 49 doses of 14 vaccines before the age of 6 and 69 doses of 16 vaccines by the 18 years of age. Taken together, more than 70 different chemicals, heavy metals, human cells/DNA, animal cells/DNA, and known carcinogens are injected into children.

While there have been no official US government-sponsored studies comparing the health of vaccinated to unvaccinated children, several independently funded studies have been done in the US and overseas.[86]

What do these studies show? The research demonstrates that unvaccinated children enjoy far superior health when compared to those vaccinated. Unvaccinated children experience almost no incidence of autism, autoimmune disorders, asthma, allergies, diabetes and other common childhood diseases which have reached epidemic proportions in recent years.

The Research Studies

One study is an ongoing comparative survey by German homeopathic physician Andreas Bachmair. Bachmair is conducting an independent study comparing the health of vaccinated to unvaccinated children with 17,461 participants. This research has found a significant increase in the following diseases in those vaccinated: asthma, allergies, bronchitis, otitis media (ear infections), hay fever, herpes, neurodermatitis, hyperactivity, scoliosis, epilepsy, autoimmune disorders, thyroid disease, autism and diabetes.[87]

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[86] The majority of these studies have been conducted abroad, but many involve American children.

[87] For comprehensive survey results for this published study, see: http://web.archive.org/web/20130306034323/; http:/www.vaccineinjury.info/vaccinations-in-general/health-unvaccinated-children/survey-results-illnesses.html, See also, http://www.thehealthyhomeeconomist.com/survey-results-are-unvaccinated-children-healthier/

In addition, a recent peer-reviewed study comparing health outcomes of vaccinated and unvaccinated children, provisionally published[88] in the journal Frontiers in Public Health in 2017, confirmed that completely unvaccinated children have less chronic disease and a lower risk of autism than vaccinated children. The researchers collected health information on over 660 children from a survey conducted in 2012 of mothers of children between six and twelve years old in four states (Florida, Louisiana, Mississippi, and Oregon). According to the abstract, the team of four scientists found that vaccinated children were less likely than the unvaccinated to have had chickenpox and pertussis (temporary discomfort) but, contrary to expectation, were significantly more likely to have been diagnosed with chronic disease, allergies, and brain or central nervous system disorders, including autism (lifetime disorders).

- Vaccinated children were more than twice as likely to have some chronic illness.

- Vaccinated children were nearly four times as likely to have learning disabilities, attention deficit hyperactivity disorder, and autism spectrum disorder.

- Vaccinated children who were born prematurely were more than six times more likely to have brain or central nervous system disorders, including autism.

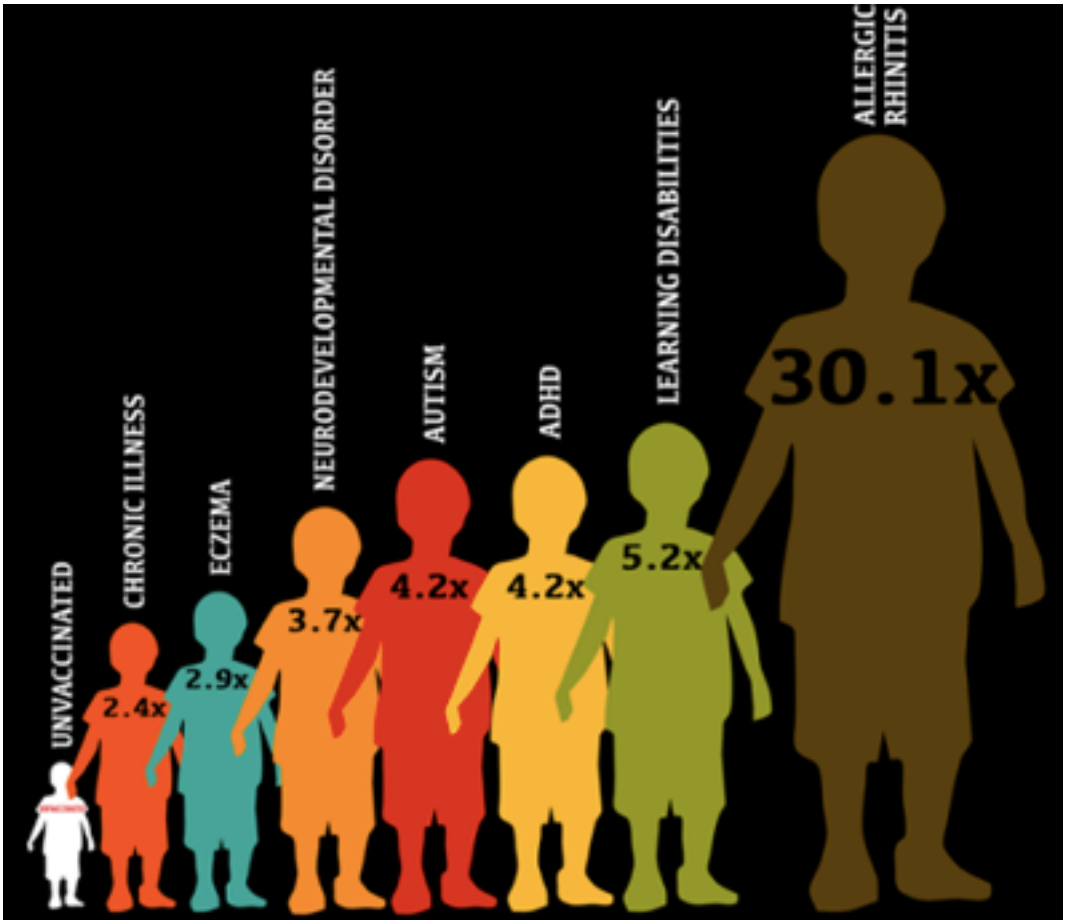
You can read the study, done by Anthony R Mawson, Professor at the Department of Epidemiology and Biostatistics, School of Public Health at Jackson State University, in its entirety at http://archive.is/leoEn

Like any study, these papers have limitations. The sample size (666 children) is relatively small, and self-reporting surveys can be unreliable. These findings indicate that larger studies comparing the health outcomes of vaccinated and unvaccinated kids should be done.

It should be noted that this is not a radical view: the National Academy of Medicine (formerly the Institute of Medicine), which advises the federal government on health issues, has recommended further study of vaccines. The Academy specifically recommends focusing on the health outcomes of both vaccinated and unvaccinated children, the long-term cumulative effects of vaccines, the timing of vaccinations in relation to the child's age, the total number of vaccines given, the total number of vaccines given at one time, and the effect of vaccine adjuvants.

Here's a visual depiction of what this particular study found:

[88] Even when independent studies are conducted, you may never read them. This study passed the rigorous peer-review process and had been accepted for publication. But just a few days after the abstract was posted on-line, it was pulled by the journal's editor without explanation.



While government groups maintain that no studies have been done to compare the health of vaccinated to unvaccinated, the reality is that several comparative studies have been completed by independent researchers in the US and in other countries.

Other studies had similar results and are reported below:

- In 1992, the Immunization Awareness Society (IAS) conducted a survey to examine the health of New Zealand's children. The results of their study indicated that unvaccinated children were far healthier than vaccinated children.[89]

- A German study released in September 2011 of about 8000 UNVACCINATED children, newborn to 19 years, show vaccinated children have at least 2 to 5 times more diseases and disorders than unvaccinated children.[90]

- In the Amish community of Lancaster County, Pennsylvania, one in 4,875 children were diagnosed with autism. Of the four total Amish children

[89] http://www.vaccineinjury.info/images/stories/ias1992study.pdf

[90] http://www.vaccineinjury.info/survey/results-unvaccinated/results-illnesses.html

diagnosed, one had been exposed to high levels of mercury from a power plant, and three others, including one adopted outside of the community, had been vaccinated. This rate is extremely low to non-existent compared to vaccinated. Similarly, the Amish of Ohio show that one out of 10,000 children are diagnosed with autism. In the general population, one in 45 children is now being diagnosed with autism.[91]

- In a Homefirst Health Services survey in which 90 percent of children have had no vaccinations, none of the 35,000 children had an autism diagnosis. Furthermore, these children had an extremely low asthma rates.[92]

- In a Cal-Oregon survey of 9,000 boys, those children vaccinated experienced a 155 percent greater chance of having a neurological disorder such as autism or ADHD.[93]

- A 2004 British study of 8,000 unvaccinated children, which included medical documentation for each child, revealed that vaccinated children experienced two to five times more illness and disorders compared to unvaccinated children.[94]

- A 1992 New Zealand study of 495 children concluded that vaccinated children suffer up to ten times more compared to unvaccinated children when it came to diseases studied to include tonsillitis, ear infections, sleep apnea, hyperactivity and epilepsy.[95]

- In a 1997 New Zealand study, 1265 children were surveyed. Of those children who were vaccinated, 23 percent were reported to suffer from asthma and 30 percent suffered from allergies, compared to none in the unvaccinated group.[96]

Since "the long-term effects of individual vaccines and of the vaccination program itself remain unknown" and since the CDC has no credibility, these studies should be given careful consideration by all parents and professionals studying vaccination safety.

Conclusion

This generation of children in the United States is sicker than any previous generation with over 50% of children experiencing one or more chronic illness. Many

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[91] http://www.vaccinationcouncil.org/quick-compare-2/; http://www.thevaccinereaction.org/2015/12/cdc-1-in-45-children-diagnosed-with-autism/

[92] http://www.vaccinationcouncil.org/2009/05/22/a-pretty-big-secret/

[93] http://www.vaccinationcouncil.org/quick-compare-2/

[94] McKeever and TM. American Journal of Public Health. June 2004. V 94

[95] Fallon, Sally, Cowan, Thomas,MD. The Nourishing Traditions Book of Baby Childcare. New Trends Publishing, 2013. 112, 317.

[96] Kemp, T. et al. Epidemiology. November 1997. 678-80.

of those illnesses are autoimmune diseases. Cancer is the leading cause of death by disease among children in the US. The US ranks 19th among developed nations in infant mortality. It also has the most highly vaccinated children beginning on the day a child is born. The CDC states that 1 child in 6 – or more – suffers from learning disabilities. Millions suffer from allergies, asthma, ADD/ADHD, insulin-dependent diabetes, autoimmune disease and cancer. **Since vaccines have never been tested for carcinogenicity (causing cancer) or mutagenicity (causing autoimmune disease), how can there even be at this point any rational, sensible, reasonable claim made regarding the true safety of vaccines? It's impossible because that research has never been done.** Yet, if you look at the individual components of vaccines such as formaldehyde (carcinogenic), thimerosal (toxic and carcinogenic), phenols (corrosive to skin), aluminum (neurotoxin), methanol (toxic), isopropyl (toxic), 2-Phenoxyethanol (toxic)—**there are numerous studies showing that the individual components of vaccines cause cancer and autoimmune disease.**

Further, vaccination is a medical treatment administered to an otherwise healthy individual. Virtually all other invasive medical interventions occur only once someone has fallen ill. Vaccination, like most medical treatments, can involve some risk. And therefore it should be undertaken only after careful consideration of its risks versus its benefits. Since the CDC has no credibility when it comes to the real determination of vaccine safety, it is highly recommended to watch the in-depth 9-part documentary series 'Vaccines Revealed' exposing more of the corruption and the risks and benefits of vaccines. More information on this docu-series can be found at www.vaccinesrevealed.com. And although it has received strong condemnation by the controlled mainstream media, it is also recommended to watch the well-researched documentary: Vaxxed: From Cover-Up to Catastrophe.

Also included as a resource to help the reader make an informed decision on what is best for you and your family is a web address as a footnote below to a massive free resource Vaccine Peer Review: History Of Vaccination In 1000 Peer Reviewed Reports 1915-2015. This free book contains only published, accepted peer reviewed reports written by hundreds of prominent and duly recognized medical professionals and specialists, scientists, clinicians and researchers from around the world whose integrity hasn't been compromised by influence or wealth.

We'll conclude this chapter by providing a variety of additional views from medical professionals regarding vaccines so the reader can gain more insight on how "settled the science really is" on this issue despite what the controlled mainstream media **wants you to believe**. If readers want to familiarize themselves with the "other" side of the vaccine debate they need only turn to any mainstream media source as the other side has been presented almost without challenge by every conceivable means:

Dr. Harold Buttram, MD, Fellow American Academy of Environmental Medicine "The harm from vaccines has seriously exceeded the benefit of disease prevention."

Dr. John B. Classen, M.D., noted American Immunologist, former Chief Science Officer for the NIH's department of immunology: "Vaccinating every child against

every disease is fundamentally unsound. ... There is a 3.78-fold increased risk of insulin-dependent diabetes mellitus in children from today's vaccines. ... All autoimmune diseases are increasing in incidence. General immune (over) stimulation from vaccines is a cause of autoimmunity."

Dr. Robert Johnson, Immunologist, University of Colorado, in response to results from a secret study that confirmed a dose-response link between Thimerosal and neurodevelopmental disorders in children: "Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by C-section. Our first male in the line of the next generation and I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on....I want that grandson to only be given Thimerosal-free vaccines."[97]

Dr. John Clements, vaccines advisor at the World Health Organization in response to results from a secret study that confirmed a dose-response link between Thimerosal and neurodevelopmental disorders in children: "But there is now the point at which the research results have to be handled, and even if this committee decides that there is no association and that information gets out, the work has been done and through the freedom of information that will be taken by others and will be used in other ways beyond the control of this group. And I am very concerned about that as I suspect that it is already too late to do anything regardless of any professional body and what they say ... My mandate as I sit here in this group is to make sure at the end of the day that 100,000,000 are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with thimerosal containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe."[98]

Dr. Peter Fletcher, former Chief Scientific Officer, Department of Health in the UK in his response to a question regarding the high rates of autism among Somali children in Minneapolis: "I have always thought since I first heard about the Somali children that this really proves the causal role of vaccines. The Amish children who have no vaccines have no autistic-like disorders and the Somali children who are newly exposed to aggressive vaccine programs have exceptionally high levels! What more evidence is needed?"[99]

Julie Gerberding, Director of the CDC (before she took the revolving door to Merck's vaccine division) on CNN admitting to vaccine damage that include autism-like symptoms: "Now, we all know that vaccines can occasionally cause fevers in kids. So if a child was immunized, got a fever, had other complications from the vaccines. And if you're predisposed with the mitochondrial disorder, it can certainly set off some damage. Some of the symptoms can be symptoms that have characteristics of autism."[100]

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[97] Dr. Robert Johnson, Immunologist, University of Colorado, Simpsonwood, GA, June 7, 2000

[98] Statement by Dr. John Clements, World Health Organization, Simpsonwood, GA, June 7, 2000

[99] http://m.huffpost.com/us/entry/146717

[100] http://transcripts.cnn.com/TRANSCRIPTS/0803/29/hcsg.01.html

Health and Human Services (HHS) officials on CNN trying to explain away compensation for vaccine brain injuries: "The government has never compensated, nor has it ever been ordered to compensate, any case based on a determination that autism was actually caused by vaccines. We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures."[101]

Dr. Mayer Eisenstein MD, JD, MPH, Founder and Medical Director of the Eisenstein Medical Centers "40 years ago when I started my practice only 1 in 10,000 children had autism. Today it's 1 in 100. What is the only difference we have seen? The inordinate number of vaccines that are being given to children today. My partners and I have over 35,000 patients who have never been vaccinated. You know how many cases of autism we have seen? ZERO, ZERO. I have made this statement for over 40 years: "NO VACCINES NO AUTISM".

Robert F. Kennedy, Jr., Harvard educated, environmental activist, author, attorney: "Searching for children who had not been exposed to mercury in vaccines —the kind of population that scientists typically use as a "control" in experiments – [journalist and United Press International senior editor] Dan Olmsted scoured the Amish of Lancaster County, Pennsylvania, who refuse to immunize their infants. Given the national rate of autism, Olmsted calculated that there should be 130 autistics among the Amish. He found only four. One had been exposed to high levels of mercury from a power plant. The other three—including one child adopted from outside the Amish community— had received their vaccines."[102]

Dr. Mark R. Geier, MD, Ph.D in genetics, President of the Genetic Centers of America, former researcher at the National Institutes of Health, and professor at the Johns Hopkins University: "In my view, this is not a scientific issue. This is about as proven an issue as you're ever going to see, and what's occurring here is a cover up under the guise of protecting the vaccine program. And I'm for the vaccine program. You keep covering it up and you're not going to have a vaccine program."

Dr. Kenneth Stoller, pediatrician with over two decades specializing in brain injured children, faculty member of Medical Academy of Pediatric Special Needs**,** and adjunct Assistant Professor at the AT Still School of Medicine: "Some will have you believe that autism is some medical mystery that's always been around, one that we just have managed to get a handle on. So, show me the 30-year-olds with autism, the 40-year-olds with autism, and the 50-year-olds with autism. Guess what? They aren't there for the most part. The explosion in the number of children with autism is real, but most of the scientific community has ignored this. Let's face it: they have been encouraged to ignore it, and anyone getting close to the truth finds that they get their NIH research grants pulled. That's right…science is being manipulated, so that a big lie can stay alive, and those culpable can remain unaccountable.[103]

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[101] http://www.cbsnews.com/8301-31727_162-20016356-10391695.html"

[102] Rolling Stone Magazine, Deadly Immunity by Robert F. Kennedy JR., June 20, 2005

[103] Throwing Children into Oncoming Traffic: The Truth about Autism by Kenneth Stoller, MD, FAAP with Anne McElroy Dachel

Charles Pragnell, prominent UK social worker, child-welfare and protection expert, senior manager of social services, researcher and author who is regularly published in journals in the U.K., South Africa, and online: "There is a pandemic of autism among children in the western world and it is spreading worldwide. Thousands upon thousands of children are being diagnosed as autistic every day in the U.S.A., and the U.K., and increasingly in Australia. A few decades ago the incidence of autism affected only one child in a thousand but now it is more than one child in a hundred. But the first most important question to be asked is, 'Why has this pandemic occurred over the last four decades?' and the answer is simple yet infinitely complex. It has been caused by vaccinations of various kinds, but principally the Measles, Mumps, and Rubella vaccine. [MMR]. This has been known to the pharmaceutical industry, the Western governments, and to health and medical professionals for decades but they mounted one of the most slick and collusive denials and distractive tactics ever known….the evidence that vaccines cause autism is now clear and convincing and irrefutable. And possibly that there are links to other illnesses such as asthma, allergies, diabetes, Crohn's disease and probably a range of other illnesses which are on the increase, It has been admitted in Court Proceedings in America by government medical experts and the cat is finally out of the bag.[104]

Journalist David Kirby wrote in the Huffington Post in 2008: "The Federal Government recently conceded a real vaccine-autism lawsuit in a real court and will soon pay a real (taxpayer-funded) settlement to a real American family and a very real child with autism.....If I were the AAP [American Academy of Pediatrics]…I would feel downright silly stating that "no scientific link exists," so soon after the Journal of Child Neurology[105] published a study titled, "Blood Levels of Mercury Are Related to Diagnosis of Autism: A Reanalysis of an Important Data Set." I would also worry about parental reaction to learning that researchers had done due diligence and reanalyzed data from a prior, hugely influential study that (erroneously) found zero connection between mercury levels and autism.....Another study, freshly out of Harvard, likewise shows a potential link between mercury and the autopsied brains of young people with autism. The American Journal of Biochemistry and Biotechnology reports that a marker for oxidative stress was 68.9% higher in autistic brain issue than controls (a statistically significant result), while mercury levels were 68.2% higher.[106]

Dr. Lucija Tomljenovic, Neural Dynamics Research Group University of British Columbia: "According to the US Food and Drug Administration, safety assessments for vaccines have often not included appropriate toxicity studies because vaccines have not been viewed as inherently toxic. Taken together, these observations raise plausible concerns about the overall safety of current childhood vaccination programs."[107]

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[104] Charles Pragnell, The Silence of the Media Lambs! March 28, 2008.

[105] http://jcn.sagepub.com/cgi/content/abstract/22/11/1308

[106] See http://m.huffpost.com/us/entry/83472

[107] From the Journal Lupus, February 2012 by Lucija Tomljenovic CA Shaw, Neural Dynamics Research Group

"The argument of forcing a parent to vaccinate their child in the name of the "greater good argument" is flawed both scientifically and ethically. Firstly, all drugs are associated with some risks of adverse reactions...Secondly, medical ethics demand that vaccination should be carried out with the participant's full and informed consent. This necessitates an objective disclosure of the known or foreseeable vaccination benefits and risks. The way in which pediatric vaccines are often promoted by various health authorities indicates that such disclosure is rarely given from the basis of best available knowledge but rather, largely unproven and/ or untenable assumptions on both, vaccine safety and effectiveness."

Dr. Harold Buttram, MD, Fellow American Academy of Environmental Medicine: "It is now universally recognized that we have a steadily growing epidemic of childhood autism, learning disabilities, and other developmental disorders, with comparable increases in asthma and allergies. By any measure now available, these conditions were rare during the 1930s and 1940s. If this trend is to be reversed, we must seek for causes. As largely disclosed during the U.S. Congressional Hearings on issues of vaccine safety, which took place from 1999 to December, 2004, there are gross deficiencies in vaccine safety testing. Because of this lack, we have no means of identifying or proving adverse reactions when they do occur. Almost totally lacking until now, the great need is for definitive before-and-after tests specifically designed to search for adverse effects of vaccines on the neurological and immune systems as well as genetics of our children, and in findings adverse effects to make appropriate safety modifications in vaccine programs....Safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are NO (NONE) long term (months or years) safety studies on any vaccination or immunization. For this reason, there are valid grounds for suspecting that many delayed-type vaccine reactions may be taking place unrecognized as to their true nature....It is almost inconceivable that these heavy burdens of foreign immunologic materials, introduced into the immature systems of children, could fail to bring about disruptions and adverse reactions in these systems...When arbitrary decisions in the mandating of vaccines are made by government bureaucracies, which frequently work hand-in-glove with the pharmaceutical industry, with no recourse open to parents, we have all the potential ingredients for a tragedy of historic proportions."[108]

Dr. Eric Faure, molecular biologist and researcher, University de Provence, France "Reports of multiple sclerosis developing after hepatitis B vaccination have led to the concern that this vaccine might be a cause of multiple sclerosis in previously healthy subjects. We hypothesise that some of the apparent adverse reactions to the vaccine could be due to a process called of molecular mimicry, the Hepatitis B Virus polymerase, which could be a contaminant in the recombinantor plasma-derived vaccines, could actas autoantigens and induce autoimmune demyelinating diseases such as multiple sclerosis."[109]

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[108] Harold Buttram, "Vaccine Scene 1999: Overview and Update."

[109] Faure E., E.R. Biodiversity and Environment, case 5, University of Provence, Place Victor Hugo 13331 Marseilles cedex 3, France

A 2010 article in the international peer reviewed BMJ (formerly known as the British Medical Journal): "The large number of children suffering harms — and subsequent suspension of the vaccine —challenges the assumption that regulators are ensuring the safety and efficacy of all marketed therapeutics....There are actually relatively little data on the effects of vaccinating young children against influenza. Some manufacturers have even withheld data from public scrutiny amidst general indifference. Evidence from all comparative influenza vaccine studies shows that harms, when they are investigated, are not reported consistently and systematically. As pandemic vaccines are provided to governments and not individuals and manufacturers are indemnified for damages caused to users, there seem to be few incentives for investigation of harms."[110]

Dr. Bernard Rimland, American research psychologist, author, and Director of the Autism Research Institute: "Much attention has been focused on the MMR shot itself, whereas in all probability it is a combination of...the increasing number of vaccines, the large amount of mercury, and the inherent danger of the triple vaccine...The MMR vaccine is also especially suspect because laboratories in England, Ireland, and Japan have found evidence of MMR vaccine viruses in the intestinal tracts of autistic children, but not in control group, non-autistic children...Autism is not the only severe chronic illness which has reached epidemic proportions as the number of (profitable) vaccines has rapidly increased. Children now receive 33 vaccines before they enter school –a huge increase. The vaccines contain not only live viruses but also very significant amounts of highly toxic substances such as mercury, and formaldehyde. Could this be the reason for the upsurge in autism, ADHD, asthma, arthritis, Crohn's disease, lupus and other chronic disorders?"[111]

Dr. Archie Kalokerinos, MD, medical researcher, physician, Fellow of the International Academy of Preventive Medicine, and recipient of the Australian Medal of Merit for Outstanding Scientific Research: "The further I looked the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instances of these diseases you will realize that this is not so."[112]

Dr. Robert Mendelsohn, MD, American pediatrician, and associate professor of pediatrics at the university of Illinois College of Medicine: "There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease....The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization....There are significant risks associated with every immunization and numerous contraindications that may make it dangerous for the shots to be given to your child...There is growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. These are fearful diseases such

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[110] "Australia suspends seasonal flu vaccination of young children" by Melissa Sweet, BMJ • May 2010

[111] Bernard Rimland, Testimony before House Committee on Government Reform, April 6, 2000, see also, Autism Research Institute, press release, February 12, 2001.

[112] Archie Kalokerinos, Interview, International Vaccine Newsletter, June 1995,

as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barré syndrome."[113]

Dr. Viera Scheibner, PhD, research scientist, author, International Medical Counsel on Vaccination: "I did not find it difficult to conclude that there is no evidence whatsoever that vaccines of any kind are effective in preventing the infectious diseases they are supposed to prevent. Further, adverse effects are amply documented and are far more significant to public health than any adverse effects of infectious diseases. Immunizations not only did not prevent any infectious diseases, they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. It will be decades before the mopping-up after the disasters caused by childhood vaccination will be completed....[E]ver since any measles vaccines have been introduced and used in mass proportions, reports of outbreaks and epidemics of measles in even 100% vaccinated populations started filling pages in medical journals. It is less well known to the general public that vaccinated children started developing an especially vicious form of measles, due to the altered host immune response caused by the deleterious effect of the measles vaccines. It resisted all orthodox treatment and carried a high mortality rate. It has become known as atypical measles (AMS). In the meantime, outbreaks of measles in vaccinated children have continued and intensified to this day....Polio has not been eradicated by vaccination, it is lurking behind a redefinition and new diagnostic names like viral or aseptic meningitis...According to one of the 1997 issues of the MMWR, there are some 30,000 to 50,000 cases of viral meningitis per year in the United States alone. That's where all those 30,000-50,000 cases of polio disappeared after the introduction of mass vaccination." [114]

Dr. Philip Incao, MD, researcher, author, who has been studying children's health, the immune systen, infections, and vaccinations since 1970: "The best way to determine the risk-benefit profile of any vaccination is well known and in theory is quite simple: Take a group of vaccinated children and compare them with a matched group of unvaccinated children...Incredible as it sounds, such a common-sense controlled study comparing vaccinated to unvaccinated children has never been done in America for any vaccination. This means that mass vaccination is essentially a large-scale experiment on our nation's children...A critical point which is never mentioned by those advocating mandatory vaccination of children is that children's health has declined significantly since 1960 when vaccines began to be widely used. According to the National Health Interview Survey conducted annually by the National Center for Health Statistics since 1957, a shocking 31% of U.S. children today have a chronic health problem, 18% of children require special health care or related services and 6.7% of children have a significant disability due to a chronic physical or mental condition. Respiratory allergies, asthma and learning disabilities are the most common of these...[115]

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[113] Robert S. Mendelsohn, "The Medical Time Bomb of Immunization against Disease," East West Journal, November 1984.

[114] Viera Scheibner, Vaccination: 100 Years of Orthodox Research (Co-Creative Designs, 1993),

[115] Philip Incao, testimony for Ohio House of Representatives, March 1, 1999.

According to Dr. Hugh Fudenberg, MD, the world's leading immunogeneticist and 13th most quoted biologist of our time (nearly 900 papers in peer review journals), "if an individual has had five consecutive flu shots between 1970 and 1980 (the years studied) his/ her chances of getting Alzheimer's Disease is ten times higher than if they had one, two or no shots due to the mercury and aluminum that is in every flu shot (and most childhood shots). The gradual mercury and aluminum buildup in the brain causes cognitive dysfunction. Is that why Alzheimer's is expected to quadruple?"[116]

Dr. Howard B. Urnovitz, PhD in microbiology and immunology, senior scientist at the Institute of Cancer Research, Scientific Director, Chronic Illness Research Foundation: "Had my mother and father known that the poliovirus vaccines of the 1950s were heavily contaminated with more than 26 monkey viruses, including the cancer virus SV40, I can say with certainty that they would not have allowed their children and themselves to take those vaccines. Both of my parents might not have developed cancers suspected of being vaccine-related, and might even be alive today."[117]

Dr. Eva Snead, MD, author, physician and researcher and well nown public speaker in health issues: "Within a few years of the polio vaccine we started seeing some strange phenomena like the year before the first 300,000 doses were given in the United States childhood leukemia had never struck in children under the age of two. One year after the first onslaught they had the first cases of children under the age of two that died of leukemia."[118]

Dr. Gordon Stewart, MD, Emeritus Professor of Public Health, University of Glasgow: "My own view, based upon some years of observation and experience, is quite firm. I supported the use of the vaccine in 1951 and subsequently with very little hesitation until about 1972, and gave pertussis vaccine between 1951 and 1956 to each of my four children. I would not dream of doing so again because it has become clear to me not only that the vaccine is incompletely protective, but also that the side-effects which I thought to be temporary are in fact dangerous, unpredictably so. There is no doubt in my mind that in the UK alone some hundreds, if not thousands, of well infants have suffered irreparable brain damage needlessly and that their lives and those of their parents have been wrecked in consequence."[119]

Dr. David Ayoub, MD, physician and researcher specializing on the additives and preservatives used in vaccines: "I am no longer "trying to dig up evidence to prove" vaccines cause autism. There is already abundant evidence...This debate is

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[116] "Recorded from Dr. Fudenberg's speech at the NVIC International Vaccine Conference, Arlington, VA, September 1997. Alzheimer's to quadruple statement is from Johns Hopkins Newsletter Nov 1998."

[117] Testimony of Howard B. Urnovitz, Committee on Government Reform and Oversight, House of Representatives, August 3, 1999.

[118] Radio interview of Eva Snead by Laura Lee, September 19, 1992.

[119] Gordon Stewart, "Danger," Here's Health, March 1980.

not scientific but is political."[120]

Dr. Boyd Haley, PhD, Chairman of Chemistry Department, University of Kentucky: "I have encouraged parents of autistic children in the USA to get urinary porphyrin profiles done to determine if their child shows signs of mercury toxicity. It is almost 100% that these children, at least those that have reported back to me, are moderate to extremely mercury toxic with regards to this clinical testing procedure. Just where would children less than 7 years of age obtain enough mercury to inhibit their porphyrin pathways? So the IOM [Institute of Medicine] suggests looking everywhere except where the most logical place would be, in the vaccines given to these children that contained thimerosal. The IOM ought to be ashamed of itself, if not for doing something scientifically dishonest, then for being so inept as to think vaccine exclusion from consideration of exclusion for autism causation would be accepted by the American public. Most importantly, while they are looking everywhere else these children lose time before an acceptable treatment for mercury toxicity can be developed –and at least a significant number of autistic children are definitely mercury toxic."

Dr. Thomas Levy, J.D., M.D., board certified cardiologist and bar certified attorney, author, medical researcher and inductee in the Orthomolecular Medicine Hall of Fame: "Statistically speaking, the data regarding DPT vaccinated infants is absolutely frightening. The death rate is eight times greater than normal within only three days of receiving a DPT shot. The dreaded Sudden Infant Death Syndrome (SIDS) clusters very strongly around the typical time frame of DPT shot administration. DPT vaccinations are usually given at ages two months, four months, and six months. SIDS occurs mostly during the same time frame (85% from one to six months), with the largest incidence occurring at two and four months, in a bimodal fashion. This means that most of the SIDS cases actually cluster directly after the injections, and not in smooth fashion over the entire time period. One study showed that of 103 infants who died of SIDS, 70% had received the DPT vaccine within three weeks."[121]

Dr. Gerhard Buchwald, MD, German physician, specialist of Internal disease, author of nearly 200 scientific papers concerning vaccinations and damage caused by them: "The "victory over epidemics" was not won by medical science or by doctors –and certainly not by vaccines...the decline...has been the result of technical, social and hygienic improvements and especially of improved nutrition...Consider carefully whether you want to let yourself or your children undergo the dangerous, controversial, ineffective and no longer necessary procedure called vaccination, because the claim that vaccinations are the cause for the decline of infectious diseases is utter nonsense."[122]

Dr. Peter Morrell, medical historian, Staffordshire University, UK: "In truth, every major infection for which vaccines exist was originally in massive decline before a

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[120] David Ayoub, "Discovering the Causes, Treatment of Autism," July 9, 2006.

[121] Thomas Levy, "Vaccination –the Shot that Keeps on Shooting."

[122] Gerhard Buchwald, The Vaccination Nonsense: 2004 Lectures (Norderstedt, Germany: Books on Demand GmbH, 2004), 108.

single vaccine was introduced. This certainly applies to Diphtheria, Tuberculosis, Whooping Cough and Measles."[123]

Dr. Russell L. Blaylock, MD, author, U.S. neurosurgeon, a clinical professor of neurosurgery at the University of Mississippi Medical Center and visiting professor in the biology department at Belhaven College: "They say that if children are not vaccinated against measles millions of children could die during a measles epidemic. They know this is nonsense. What they are using is examples taken from developing countries with poor nutrition and poor immune function in which such epidemic death can occur. In the United States we would not see this because of better nutrition, better health facilities and better sanitation. In fact, most deaths seen when measles outbreaks occur in the United States occur either in children in which vaccination was contraindicated, the vaccine did not work or in children with chronic, immune-suppressing diseases. In fact, in most studies these children catching the measles or other childhood diseases have been either fully immunized or partially immunized. The big secret among "vaccinologists" is that anywhere from 20 to 50% of children are not resistant to the diseases for which they have been immunized."[124]

Laboratory of Signal Transduction, Department of Cell Biology, Institute for Virus Research, Kyoto University: "Many live attenuated vaccines for animals (including humans) are manufactured by using cell lines from animals, which are known to produce infectious 'endogenous retroviruses' (Remnants of ancestral exogenous retroviral infections fixed in the germline DNA); however, the risks of infection by ERVs from xenospecies through vaccination have been ignored."

Inmaculada de Melo-Martín and K. Intemann, Division of Medical Ethics "Dissent is crucial for the advancement of science. Disagreement is at the heart of peer review and is important for uncovering unjustified assumptions, flawed methodologies and problematic reasoning."[125]

Author's note: we're living in a precarious time as an increasing number of people are beginning to realize the extent to which those we've trusted to have our best interests at heart have let us down in profound ways. Through understanding the past, we can change the future. The rest of our research into what has been secretly going on behind the scenes of our world to include the roots of corruption is posted at:
https://archive.org/details/BestKeptSecretsAHistoryOfWhatHasBeenGoingOnBehindTheScenes

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[123] Peter Morrell, "Vaccination: The Wider Picture," (October 13, 2000)

[124] Russell Blaylock, "The Truth Behind the Vaccine Cover-up," 2004.

[125] I. de Melo-Martín K. Intemann, Division of Medical Ethics, Department of Public Health, Weill Cornell Medical College, NY.